

PSJ14 Janssen Opp Exh 50 – MDL_RWJF_0000013

Additional award documents may be in materials in PIMS for this funding ID.

INDEX TO PRINCIPAL DOCUMENTS

The numbers assigned to each section refers to the tab under which the related documentation is filed. A mark in the box preceding any one section indicates that documentation appears in the folder on the subject outlined. Miscellaneous documentation is contained on the left side of the folder in reverse chronological order by date.

- 1. Grant Description – Objectives and Design
- 2. Grant Results Report
- 3. Final Grantee Financial and Narrative Reports (letters of request, transmittal, and acknowledgement; follow-up correspondence)
- 4. Interim Grantee Financial and Narrative Report (letters of request, transmittal, and acknowledgement; follow-up correspondence; and grantee progress reports)
- 5.
- 6. Grant Award Letter (includes Grant Letter Information Sheet and Treasurer's Payment Letter)
- 7. Final Board Precis
- 8. New Releases and Related Press Coverage
- 9. Request for Project Support and General Conditions of Grant Form (includes Amendment Form(s); pre-grant inquiry form (expenditure responsibility); and correspondence concerning change(s) in organization, project director, and/or address)
- 10. Tax Papers (includes all tax documentation and correspondence, including "reliance letter")
- 11. Final Proposal (includes proposal appendices and supplements, and CVs of project personnel)
- 12. Final Budget (includes budget revisions and related correspondence)
- 13. Consultant reports, letters of project support, site visit reports

GRANT DESCRIPTION - OBJECTIVES AND DESIGN

ID#: 051813 (Active) \$112,880.00
TERM: 12 MONTHS FROM 12/01/04 TO 11/30/05 (GRANTED 11/24/04)

FUNDING CLASS: Ad Hoc
RENEWED FROM: 048204

INST: University of Wisconsin-Madison Medical School (Madison, WI)

PRJT: Improving pain management policies through collaborations

PRJ DIR: June L. Dahl

PO: Michelle A. Larkin
SO: Rosemary Gibson
PA: Rebecca E. Kamer
FO: Sophia Kounelias

RISK: Low
DATE COMPLETED: 11/04/04
PREPARED BY: SXK

The under treatment of pain continues to be a major public health concern in the United States. All fifty states have promulgated laws and regulations to prevent the diversion and abuse of controlled substances. These laws and regulations have been a cause of considerable debate between regulators and medical groups: clinicians assert that these prescription monitoring programs (PMPs) reduce the appropriate prescribing of opioids for pain control, and regulators assert that these programs reduce drug diversion with little impact on legitimate prescribing. This solicited project will assist clinicians, regulators and law enforcement personnel with becoming familiar with the appropriate use of opioids for pain control and with the laws and regulations that govern their use. "Regulatory summits" will be held in each of three states, bringing key stakeholders together to discuss issues related to the prescribing and dispensing of opioids for pain control. Additionally, participants will develop recommendations to promote more effective pain management practices and the appropriate use of opioid analgesics. Recommendations may include: the creation of a state pain task force; the adoption of specific policy statements by the regulatory boards; legislative action to eliminate specific regulatory barriers; legislation to mandate professional education in pain; and/or action steps to address any inadequacies in existent electronic prescription monitoring programs. This project will be considered a success if the state-wide meeting results in the development and implementation of key recommendations that have a positive influence on pain management policies in the state. This grant will serve as a Roots & Wings activity for this grantee. No renewal is anticipated. Dr. June Dahl and Matthew Bromley from the University of Wisconsin-Madison's School of Medicine will oversee and direct this project.

Goals: Chronic (100%)

Interventions: Svc Dem (100%)

Health Service Category:

| | |
|----------------------------|------------------------------|
| Continuum of Care: | <i>End Of Life Treatment</i> |
| Health Care Reform: | <i>State</i> |
| Health Conditions: | <i>Cancer</i> |
| Hlth and Hlth Care Fields: | <i>Quality of care</i> |

Demographics:

| | |
|------------------------|--|
| Age: | <i>65 & over - Aging/Elderly/Senior Citizens</i> |
| Race/Ethnicity: | <i>Not Applicable</i> |
| Sex: | <i>Not Applicable</i> |
| Segment: | <i>Not Applicable</i> |
| Geographic Region: | <i>Not Applicable</i> |
| Urban/Rural Continuum: | <i>Unknown, Not Applicable, or Not Specified</i> |
| Major City: | <i>Unknown, Not Applicable, or Not Specified</i> |
| State: | <i>Unknown, Not Applicable, or Not Specified</i> |

CF
#51813
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Robert Wood Johnson Foundation

July 13, 2007

Robert C. Andresen
Assistant Director of Post-Award Services
Research and Sponsored Programs
University of Wisconsin-Madison
21 North Park Street, Suite 6401
Madison, WI 53715-1218

Dear Mr. Andresen.

I am writing in reference to your Robert Wood Johnson Foundation grant. We have received your final financial report and are issuing a payment for the grant identified below.

| | |
|----------------------|---|
| I.D.. | 051813 |
| Amount. | \$112,880 |
| Purpose | Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement |
| Project Information. | Grant Period: December 1, 2004 through March 31, 2007 Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu) |

Your final financial report indicates that, as of March 31, 2007, you have had cumulative expenditures of \$112,699. The Foundation has remitted payments to date totaling \$101,600, leaving you a cash deficit of \$11,099. Enclosed with this letter is our final payment in the amount of \$11,099.

This completes your financial reporting obligations for this grant. We are glad we were able to work with you in this important endeavor toward improving health and health care for all Americans.

Sincerely,


Ashley Ranji
Grants Administrator

AR : st
Enclosure

cc: June L. Dahl, Ph.D.
Michelle A. Larkin, RN, M.S.

THE UNIVERSITY

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

June 25, 2007

Ashley Ranji
Grants Administrator
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, N J 08543-2316

In reply, please refer to
UW Acct No. 133-GU91

RE: Grant # 051813

Dear Ms. Ranji:

Enclosed is the final financial report on the above-referenced grant for the period December 1, 2006 through March 31, 2007 under the direction of June Dahl in the Department of Pharmacology at the University of Wisconsin-Madison.

Total expenses for the project were \$122,699.59. A budget revision proposal addressing the variance in Personnel is enclosed. The Robert Wood Johnson Foundation has issued one payment to the UW-Madison in the amount of \$101,600. Please release the final payment due in the amount of \$11,099.59.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at 608/262-9028.

Sincerely,


Mary C. Koscielniak
Accountant

Enclosure

Cc: June Dahl - Pharmacology
Marty Skemp - Pharmacology
Medical School Fiscal Services
File

21 N. Park Street, Suite 6401
Madison, WI 53715-1218

Phone 608/262-3822
Fax 608/262-5111
<http://www.rsp.wisc.edu>

Line Item Budget Revision Proposal-Year Two (16 months)

Grant Period: 12/1/04 to 3/31/07

Budget Period: 12/1/05 to 3/31/07

| I. Personnel | Name | Position | % Time | Approved Budget | Requested Revision | Proposed Budget |
|---------------------------------|------------------------|------------------------|-----------------|------------------------|---------------------------|------------------------|
| | June Dahl | Principal Investigator | | \$6,720 | (\$543) | \$6,177 |
| | Mary Skemp Brown | Grant Manager | | \$1,670 | \$5,148 | \$6,818 |
| | Matt Bromley | Project Director | | \$16,533 | \$1,883 | \$18,416 |
| | Fringe benefits 34/35% | | | | | |
| | | | Subtotal | \$24,923 | \$6,487 | \$31,410 |
| II. Other Direct Costs | | | | | | |
| Office Operations | | | | | | |
| | <i>Supplies</i> | | | \$2,014 | (\$1,452) | \$562 |
| | <i>Telephone</i> | | | \$1,000 | (\$1,000) | \$0 |
| | <i>Postage</i> | | | \$500 | (\$500) | \$0 |
| | <i>Travel</i> | | | \$4,191 | (\$1,685) | \$2,506 |
| | | | Subtotal | \$7,705 | (\$4,637) | \$3,068 |
| III. Contracts | | | | \$30,000 | (\$2,000) | \$28,000 |
| V. Indirect Costs (9%) | | | | \$5,637 | (\$14) | \$5,623 |
| TOTAL REVISED YEAR THREE | | | | \$68,265 | (\$163) | \$68,102 |

(2) 6/29/07

Budget Variance Explanation**I. PERSONNEL**

Note: All salary expenses were paid out by March 2007 although staff continued to work on this project.

Ms. Skemp Brown increased her percentage from 10% to 30% from January through March 2007 due to her increased involvement in the project, specifically in managing the Pain Initiatives contracts and reporting.

II. OTHER DIRECT COSTS*Office Operations*

Supplies - The majority of the supplies in this period were covered by other sources.

Printing – All printing and copying costs were covered by other sources.

UNIVERSITY OF
WISCONSIN

UNIVERSITY OF WISCONSIN - MADISON

OFFICE FOR RESEARCH & SPONSORED PROGRAMS

APR - 2 2007

In reply, please refer to
UW Account 133-GU91

March 26, 2007

Page 1

READ

To: JOHNSON (ROBERT WOOD) FOUNDATION
P. O. BOX 2316
PRINCETON NJ 08543

Re: IMPROVING PAIN POLICY THROUGH COLLABORATIONS WITH
THE STATE PAIN INITIATIVES

Your Reference Number: 051813

Report Period: December 1, 2005 - November 30, 2006

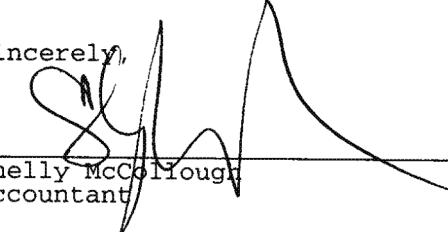
Principal Investigator: DAHL, JUNE L

To: RWJ

Enclosed is the interim expenditure report on the above-referenced project.

Thank you for your support of this project.

Sincerely,



Shelly McColough
Accountant

Enclosure

xc: DAHL, JUNE - PHARMACOLOGY
SKEMP, MARTY - PHARMACOLOGY
MED SCHOOL FISCAL SVC -

FINANCIAL REPORT
The Robert Wood Johnson Foundation
P O. Box 2316
Princeton, NJ 08543-2316
Phone (609) 452-8701 Fax (609) 452-9564

UW Account #133-GU91

051813 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement

Grantee: University of Wisconsin/School of Medicine and Public Health

Budget Period: 12/01/2005 - 11/30/2006

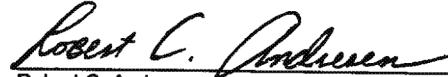
Grant Period: 12/01/2004 - 03/31/2007

Budget for Period: 2

| | | |
|---|--------------------|-----|
| Project Director: | June L. Dahl | 60% |
| Financial Officer: | Robert Andresen | 60% |
| Program Officer | Michelle A. Larkin | |
| Senior Officer: | Rosemary Gibson | |
| Grants Administrator: | Betty A. Dixon | |
| Communications Officer: | Paul Tann | |
| Grants Administrative Assistant: | Marybeth Tamayo | |

EXPENDITURES

| Item | Approved Budget Amount | 12/05 - 11/06 | Total | Variance |
|-------------------------------------|------------------------|------------------|------------------|------------------|
| PERSONNEL | | | | |
| Principal Investigator | 6,720 00 | 4,330 76 | 4,330 76 | 2,389 24 |
| Grant Manager | 1,670 00 | 1,669 83 | 1,669 83 | 0 17 |
| Project Director | 16,533 00 | 9,920 15 | 9,920 15 | 6,612 85 |
| PERSONNEL TOTAL | 24,923 00 | 15,920 74 | 15,920 74 | 9,002 26 |
| OFFICE OPERATIONS | | | | |
| Supplies | 2,014 00 | 499 00 | 499 00 | 1,515 00 |
| Printing | 1,000 00 | - | - | 1,000 00 |
| Postage | 500 00 | - | - | 500 00 |
| Travel | 4,191 00 | 2,506 39 | 2,506 39 | 1,684 61 |
| OFFICE OPERATIONS TOTAL | 7,705 00 | 3,005 39 | 3,005 39 | 4,699 61 |
| CONSULTANT/CONTRACTUAL | | | | |
| | 30,000 00 | 28,000 00 | 28,000 00 | 2,000 00 |
| CONSULTANT/CONTRACTUAL TOTAL | 30,000 00 | 28,000 00 | 28,000 00 | 2,000 00 |
| INDIRECT COSTS | | | | |
| | 5,637 00 | 4,223 34 | 4,223 34 | 1,413 66 |
| INDIRECT COSTS TOTAL | 5,637 00 | 4,223 34 | 4,223 34 | 1,413 66 |
| Grand Total | 68,265.00 | 51,149.47 | 51,149.47 | 17,115.53 |


Robert C. Andresen
Assistant Director, Post Award Services

Rutherford & College Road East P.O. Box 316

Princeton New Jersey 08543 2316

Tel: 877 843 RWJF (7953)

www.rwjf.org

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Robert Wood Johnson Foundation

June 5, 2007

June L Dahl, Ph.D
Professor
Department of Pharmacology
University of Wisconsin School of Medicine and Public Health
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Dear Dr. Dahl.

I am writing in reference to your Robert Wood Johnson Foundation grant. We have received your final narrative report for the grant identified below. We look forward to receiving your final financial report by June 19, 2007.

| | |
|---------------------|---|
| I.D.: | 051813 |
| Amount. | \$112,880 |
| Purpose: | Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement |
| Project Information | Grant Period: December 1, 2004 through March 31, 2007 Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu) |

A copy of the narrative report has been forwarded to your program officer, who will contact you directly with any questions or comments.

If you need further assistance, please contact me at 609-627-5949

Sincerely,

A handwritten signature in black ink that reads "A.Ranji".

Ashley Ranji
Grants Administrator

AR: ar

cc: Robert C. Andresen
Michelle A. Larkin, R.N., M.S.



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Department of Pharmacology

May 9, 2007

Ashley Ranji
Grants Administrator
Robert Wood Johnson Foundation
PO Box 2316
Route One & College Road East
Princeton, NJ 08543-2316

RECEIVED by:
MAY 1 · 2007

RE: Grant #051813

Dear Ms. Ranji,

Enclosed please find the final narrative report for our grant *Improving Pain Policies through Collaboration of Clinicians, Regulators and Law Enforcement*.

We would like to thank The Robert Wood Johnson Foundation for its continued support of our efforts to improve pain management through the work of the State Cancer Pain Initiatives.

If you have any questions regarding this report, please contact Marty Skemp Brown at mmskemp@wisc.edu or (608) 265-9173.

Sincerely,

A handwritten signature in black ink that reads "June L. Dahl".

June L. Dahl, PhD
Principal Investigator

Cc: Janice H. Heisz-Kalvin, RSP
Michelle A. Larkin, RN, MS



May 9, 2007

FINAL NARRATIVE REPORT

Improving Pain Policies through Collaboration of Clinicians, Regulators and Law Enforcement

RWJ Grant ID #051813

December 1, 2004– March 31, 2007

Grant Total: \$112,880

Goal of the Project:

To create a balanced regulatory climate in states and thus reduce one set of barriers to effective pain control.

Contact:

June L. Dahl, PhD
Principal Investigator
University of Wisconsin-Madison
School of Medicine and Public Health
1300 University Avenue, Room 4720
Madison, WI 53706
(608) 265-4012
jldahl@wisc.edu

1. What measurable goals did you set for this project and what indicators did you use to measure your performance? To what extent has your project achieved these goals and levels of performance?

The overall goal of this project was to create balanced regulatory climates in selected states and in so doing reduce one set of barriers to effective pain control. There are elements in state laws and regulations that can have a negative effect on the appropriate prescribing of opioid analgesics. However, in many instances it is the perceptions of clinicians, regulators and law enforcement personnel that are the larger barriers. Clinicians perceive that regulators are "out to get them" and regulators feel that clinicians are careless with the prescribing, dispensing and administering of opioids and it is they who are the primary contributors to our nation's drug abuse problem, especially since there has been a dramatic increase in the abuse of prescription controlled substances in the last few years. This adversarial climate is very detrimental to patients in pain. Good communication is key to mutual respect and understanding. Enhancing communication among key stakeholders and assuring that they have essential factual information about the role of opioids in pain control was at the core of the model regulatory programs that we conducted in four states.

Our specific goals were to

- 1) convene "regulatory summits" in states to bring key stakeholders together to discuss issues related to the prescribing and dispensing of opioids for pain control. The analysis of state laws and regulations carried out by the Pain & Policy Studies Group at the University of Wisconsin provided essential information about positive and negative elements in state pain policies that could serve as the basis for action by summit participants
- 2) encourage adoption of balanced policies by health professional licensing boards, policies that recognized the importance of balancing efforts to prevent prescription drug diversion and abuse against the need to assure that these medications are available to those who need them for pain control
- 3) establish mechanisms to assure that there is regular communication between the regulatory boards and their licensees
- 4) encourage the adoption of long-range plans to promote effective pain control in the states
- 5) develop procedures to recognize and remove documented barriers to effective pain control that exist in state laws and regulations
- 6) publish the results of the work in peer-reviewed journals to promote the implementation of similar programs in other states

We measured our performance by determining how successful we were in accomplishing the listed goals. We focused attention on four states: Florida, New York, Texas and Wisconsin. Although the efforts in Wisconsin were not a formal part of this project, they did provide us with insights into the challenges associated with achieving the stated goals. Some, but not all of the stated goals were achieved in each of the states during the period of this grant so this report will provide a state by state perspective:

Florida Pain Initiative

- Established a collaborative, statewide, broad-based network of organizations, The Florida Pain Coalition (FPC), to serve as the catalyst for its policy work. The FPC's goal is to create a permanent state task force to foster dialogue and understanding about pain and its management among policy makers, regulators, healthcare providers and patients. The Florida Pain Initiative would work through the FPC to articulate a strategic plan to advance appropriate pain policies.
- Convened a statewide pain summit on October 27, 2006. The PI spoke at this meeting as did David Brushwood, a pharmacist and a lawyer, who provided key information and perspectives about Florida's regulatory climate.
- A second statewide pain summit has been scheduled for November 2, 2007
- Promoted development and dissemination of a *Joint Statement on Pain Management* from the Florida Boards of Medicine, Nursing, Osteopathic Medicine, and Pharmacy in 2005.
- Educated state legislators about the potential risks and benefits of prescription monitoring programs since bills to create such programs have been introduced in each session of the Florida legislature for the last several years.

New York State Pain Initiative

- Met with the Director of the Bureau of Narcotics in May 2006 to discuss ways in which the new Official Prescription Monitoring Program which took effect on April 19, 2006 could be used to educate health care professionals about the new law and how the law could be used as a basis for advocacy efforts to reduce the fear of regulatory scrutiny which seems to be particularly prominent in that state
- Approached the Director of the Bureau of Narcotics and the Eastern Division of the American Cancer Society for funding to repeat the survey of New York physicians that was conducted in 1996. A majority of the 6000 physicians who responded to that survey indicated they were very concerned about regulatory scrutiny.

Texas Cancer Pain Initiative of the American Cancer Society

- Spent much of 2005 formulating a state action plan, identifying key stakeholders, obtaining pilot data about clinician attitudes toward pain control and the use of opioid analgesics.
- Hosted a statewide Pain Summit on August 26, 2006 that brought together key individuals and organizations to develop a plan of action to address the documented barriers to effective pain control in the state through legislative and regulatory efforts
- Conducted surveys of health care professionals and the public to gain insight into their knowledge and attitudes of pain issues.
- Worked to finalize the *Texas Action Plan for Pain* based on the recommendations generated at the Texas Pain Summit
- Worked with state legislators to address barriers to pain management that are present in state laws

Wisconsin Pain Initiative

- Encouraged the Pharmacy Examining Board of Wisconsin to issue a position statement on pain control that was published in the State's Regulatory Digest
- Met with the Medical Examining Board in the fall of 2006 to encourage their adoption of a position statement on pain and subsequently submitted a draft statement for their consideration that was adopted unanimously by the Board at its March 2007 meeting.
- Met with the Wisconsin Board of Nursing in January 2007 to ask them to consider a position statement on pain management. The Board's Practice Committee has accepted the statement with minor modifications and will recommend adoption of the statement by the full board at its meeting in May, 2007

2. Did the project encounter internal or external challenges? How were they addressed? Was there something RWJF could have done to assist you?

A major challenge is the volunteer nature of the State Pain Initiatives, which makes it difficult to coordinate and organize activities in an efficient and timely manner.

Another challenge is the unpredictable timetable often encountered when working with state legislatures and agencies. The scheduling of meetings and obtaining of timely feedback is usually often dictated by the varied schedules of those governmental bodies. All of the SPIs involved in the project continue to pursue their objectives.

These internal and external difficulties have been addressed with ample doses of patience and perseverance.

3. Have there been other sources of support?

The State Pain Initiatives involved in the project were able to obtain support from other sources including the pharmaceutical industry, health care institutions, the American Cancer Society and the Lance Armstrong Foundation.

4. What lessons did you learn from undertaking this project?

One valuable lesson is that the success of the project depends much on the skills and capabilities of the State Pain Initiative organizations themselves. A critical component to success is a dedicated full-time or part-time project coordinator who has the support of a diverse group of volunteers.

Another lesson learned is that working with state government officials and regulators to achieve policy change can be a long tedious process and is often affected by timetables over which we have little control. Public policy advocacy is a process that cannot be confined to a time-certain period.

5. What impact do you think the project has had to date? Who can be contacted a few years from now to follow up on the project?

Overall, the project has created resources that other State Pain Initiatives are now using to pursue similar objectives in their respective states. For example, the Montana Pain and Symptom Management Task Force which will be transformed into the Montana Pain Initiative used many of the resources when it addressed a bill to establish a Prescription Monitoring Program in that state.

There has been specific impact in each of the states engaged in the project. For example, the **Florida Pain Initiative** developed a broad coalition to support establishment of a statewide Pain Management Commission; provided education to a large group of health care professionals and regulators on pain management issues at its Pain Summit held in the fall of 2006; broadly disseminated the *Joint Statement on Pain Management* issued by the Florida Boards of Medicine, Nursing, Osteopathic Medicine, and Pharmacy in 2005; helped to prevent passage of unbalanced prescription monitoring legislation in 2006.

The **New York Pain Initiative** developed a good working relationship with the top drug control official of the state of New York and identified statewide professional and advocacy organizations with whom to collaborate to obtain more balanced pain policies.

The **Texas Cancer Pain Initiative of the American Cancer Society** brought greater awareness to health care professionals and regulators of how policy can affect pain management; stimulated interest and action in addressing policy barriers to pain management; attracted interest from other funding sources to engage in activities that helped enhance the project (surveys); published a comprehensive plan to address the under treatment of pain in the State of Texas (in development, release date expected Summer 2007).

The **Wisconsin Pain Initiative** facilitated adoption of position statements on pain by the medical, nursing and pharmacy boards of the state. This is the first step in an action plan that will involve educational and advocacy efforts to enhance clinician knowledge of board positions and provide opportunities for the establishment of mechanisms to enhance communication between the boards and their licensees.

Contact the PI to follow up on the project.

6.Post-grant plans for the project?

It is our plan to obtain funding to continue model regulatory programs in the states.

7. With a perspective on the entire project, what have been its key publications and nation/regional communications activities? Did the project meet its communications goals?

Overall, the project has created resources that other State Pain Initiatives are using to pursue similar objectives in their respective states. Those resources including meeting agendas and position statements are included in the Appendix. The project did not have specific communications' goals.

May 9, 2007

Ashley Ranji
Grants Administrator
Robert Wood Johnson Foundation
PO Box 2316
Route One & College Road East
Princeton, NJ 08543-2316

SEE SURPLUS FOR
GRANT PRODUCT

1/3

RE: Grant #051813

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Sincerely,

Jane L. Dahl

Jane L. Dahl, PhD
Principal Investigator

Cc: Janice H. Heisz-Kalvin, RSP
Michelle A. Larkin, RN, MS



May 9, 2007

FINAL NARRATIVE REPORT

Improving Pain Policies through Collaboration of Clinicians, Regulators and Law Enforcement

RWJ Grant ID #051813

December 1, 2004– March 31, 2007

Grant Total: \$112,880

Goal of the Project:

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Contact:

June L. Dahl, PhD
Principal Investigator
University of Wisconsin-Madison
School of Medicine and Public Health
1300 University Avenue, Room 4720
Madison, WI 53706
(608) 265-4012
jldahl@wisc.edu

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- Educated state legislators about the potential risks and benefits of prescription monitoring programs since bills to create such programs have been introduced in each session of the Florida legislature for the last several years.

New York State Pain Initiative

- Met with the Director of the Bureau of Narcotics in May 2006 to discuss ways in which the new Official Prescription Monitoring Program which took effect on April 19, 2006 could be used to educate health care professionals about the new law and how the law could be used as a basis for advocacy efforts to reduce the fear of regulatory scrutiny which seems to be particularly prominent in that state
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- Spent much of 2005 formulating a state action plan, identifying key stakeholders, obtaining pilot data about clinician attitudes toward pain control and the use of opioid analgesics.
- Hosted a statewide Pain Summit on August 26, 2006 that brought together key individuals and organizations to develop a plan of action to address the documented barriers to effective pain control in the state through legislative and regulatory efforts
- Conducted surveys of health care professionals and the public to gain insight into their knowledge and attitudes of pain issues.
- Worked to finalize the *Texas Action Plan for Pain* based on the recommendations generated at the Texas Pain Summit
- Worked with state legislators to address barriers to pain management that are present in state laws

Wisconsin Pain Initiative

- Encouraged the Pharmacy Examining Board of Wisconsin to issue a position statement on pain control that was published in the State's Regulatory Digest
- Met with the Medical Examining Board in the fall of 2006 to encourage their adoption of a position statement on pain and subsequently submitted a draft statement for their consideration that was adopted unanimously by the Board at its March 2007 meeting.
- Met with the Wisconsin Board of Nursing in January 2007 to ask them to consider a position statement on pain management. The Board's Practice Committee has accepted the statement with minor modifications and will recommend adoption of the statement by the full board at its meeting in May, 2007

2. Did the project encounter internal or external challenges? How were they addressed? Was there something RWJF could have done to assist you?

A major challenge is the volunteer nature of the State Pain Initiatives, which makes it difficult to coordinate and organize activities in an efficient and timely manner.

Another challenge is the unpredictable timetable often encountered when working with state legislatures and agencies. The scheduling of meetings and obtaining of timely feedback is usually often dictated by the varied schedules of those governmental bodies. All of the SPIs involved in the project continue to pursue their objectives.

These internal and external difficulties have been addressed with ample doses of patience and perseverance.

3. Have there been other sources of support?

The State Pain Initiatives involved in the project were able to obtain support from other sources including the pharmaceutical industry, health care institutions, the American Cancer Society and the Lance Armstrong Foundation.

4. What lessons did you learn from undertaking this project?

One valuable lesson is that the success of the project depends much on the skills and capabilities of the State Pain Initiative organizations themselves. A critical component to success is a dedicated full-time or part-time project coordinator who has the support of a diverse group of volunteers.

Another lesson learned is that working with state government officials and regulators to achieve policy change can be a long tedious process and is often affected by timetables over which we have little control. Public policy advocacy is a process that cannot be confined to a time-certain period.

5. What impact do you think the project has had to date? Who can be contacted a few years from now to follow up on the project?

Overall, the project has created resources that other State Pain Initiatives are now using to pursue similar objectives in their respective states. For example, the Montana Pain and Symptom Management Task Force which will be transformed into the Montana Pain Initiative used many of the resources when it addressed a bill to establish a Prescription Monitoring Program in that state.

There has been specific impact in each of the states engaged in the project. For example, the **Florida Pain Initiative** developed a broad coalition to support establishment of a statewide Pain Management Commission; provided education to a large group of health care professionals and regulators on pain management issues at its Pain Summit held in the fall of 2006; broadly disseminated the *Joint Statement on Pain Management* issued by the Florida Boards of Medicine, Nursing, Osteopathic Medicine, and Pharmacy in 2005; helped to prevent passage of unbalanced prescription monitoring legislation in 2006.

The **New York Pain Initiative** developed a good working relationship with the top drug control official of the state of New York and identified statewide professional and advocacy organizations with whom to collaborate to obtain more balanced pain policies.

The **Texas Cancer Pain Initiative of the American Cancer Society** brought greater awareness to health care professionals and regulators of how policy can affect pain management; stimulated interest and action in addressing policy barriers to pain management; attracted interest from other funding sources to engage in activities that helped enhance the project (surveys); published a comprehensive plan to address the under treatment of pain in the State of Texas (in development, release date expected Summer 2007).

The **Wisconsin Pain Initiative** facilitated adoption of position statements on pain by the medical, nursing and pharmacy boards of the state. This is the first step in an action plan that will involve educational and advocacy efforts to enhance clinician knowledge of board positions and provide opportunities for the establishment of mechanisms to enhance communication between the boards and their licensees.

Contact the PI to follow up on the project.

6.Post-grant plans for the project?

It is our plan to obtain funding to continue model regulatory programs in the states.

7. With a perspective on the entire project, what have been its key publications and nation/regional communications activities? Did the project meet its communications goals?

Overall, the project has created resources that other State Pain Initiatives are using to pursue similar objectives in their respective states. Those resources including meeting agendas and position statements are included in the Appendix. The project did not have specific communications' goals.



March 1, 2006

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin School of Medicine and Public Health
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Dear Dr. Dahl:

I am writing in reference to your Robert Wood Johnson Foundation grant. We have received your annual financial and narrative reports for the grant identified below. Because of the amount of your cash balance, a payment will not be issued at this time.

| | |
|--|---|
| I.D. | 051813 |
| Amount: | \$112,880 |
| Purpose: | Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement |
| Project Dates: | December 1, 2004 through November 30, 2006 |
| Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu) | |

A copy of the narrative report has been forwarded to your program officer, who will contact you directly with any questions or comments.

In reviewing your annual financial report, we note that cumulative expenditures as of November 30, 2005, have been \$44,598. The Foundation has made payments to date totaling \$101,600, leaving you a cash balance of \$57,002.

For your convenience, enclosed is a copy of the financial reporting form for the period December 1, 2005, through November 30, 2006, reflecting your approved budget of \$68,265. Please use this form when reporting expenditures.

If you need further assistance, please contact me at 609-627-7695

Sincerely,

Betty A Dixon

Betty A. Dixon
Grants Administrator

BAD . bad
Enclosure

cc Robert Andersen
[redacted] Michelle A Larkin, R.N , M.S.

IN ANNUAL REPORT
The Robert Wood Johnson Foundation
P O Box 2316
Princeton, NJ 08543-2316
Phone (609) 452-8701 Fax (609) 627-6416

| | | | |
|--|----------------------------------|-------------------|--------------|
| 051813 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement | Project Director : | June L Dahl | 608-262-0978 |
| University of Wisconsin School of Medicine and Public Health | Financial Officer: | Robert Andersen | 608-262-2896 |
| Budget Period: 12/01/2005 to 11/30/2006 | Program Officer: | Michelle A Larkin | |
| Project Period: 12/01/2004 to 11/30/2006 | Senior Officer: | Rosemary Gibson | |
| Budget for Period: 2 | Grants Administrator: | Betty A Dixon | |
| | Communications Officer: | Paul Tarini | |
| | Grants Administrative Assistant: | Marybeth Tamayo | |

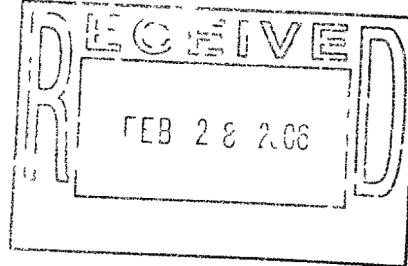
EXPENDITURES

| Item | Approved | Period 1 | Period 2 |
|-------------------------------------|---------------|-------------|-------------|
| | Budget Amount | 12/05-05/06 | 06/06-11/06 |
| PERSONNEL | | | |
| Principal Investigator | 6,720 | | |
| Grant Manager | 1,670 | | |
| Project Director | 16,533 | | |
| PERSONNEL TOTAL | 24,923 | | |
| OFFICE OPERATIONS | | | |
| Supplies | 2,014 | | |
| Printing | 1,000 | | |
| Postage | 500 | | |
| Travel | 4,191 | | |
| OFFICE OPERATIONS TOTAL | 7,705 | | |
| CONSULTANT/CONTRACTUAL | | | |
| | 30,000 | | |
| CONSULTANT/CONTRACTUAL TOTAL | 30,000 | | |
| INDIRECT COSTS | | | |
| INDIRECT COSTS TOTAL | 5,637 | | |
| Grand Total | 68,265 | | |



February 20, 2006

Betty Dixon
Grants Administrator
The Robert Wood Johnson Foundation
Route 1 and College Road East
P O Box 2316
Princeton, N J 08543-2316



In reply, please refer
to 133-GU91

RE Grant # 051813

Dear Ms. Dixon,

Enclosed is the annual financial report on the above-referenced grant for the period of June 1, 2005 through November 30, 2005, under the direction of June L. Dahl at the University of Wisconsin-Madison

Thank you for your support of this project. If you have any questions regarding this report, please contact me at (608) 262-9029.

Sincerely,

Wendy Jensen
Accountant

Enclosure

cc Dahl, June L. – Pharmacology
Skemp, Marty – Pharmacology
Medical School Fiscal Services
File

FINANCIAL REPORT
The Robert Wood Johnson Foundation
P O Box 2316
Princeton, NJ 08543-2316
Phone (609) 452-8701 Fax (609) 627-6416

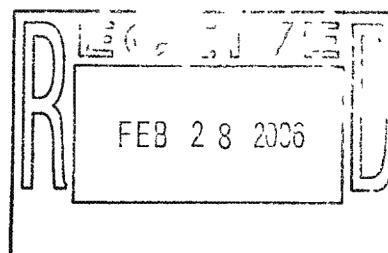
051813
UW Account #133-GU91
Improving pain management policies through the collaboration of clinicians regulators and law enforcement
University of Wisconsin-Madison Medical School
Budget Period: 12/01/2004-11/30/2005
Project Period: 12/01/2004-11/30/2006

| | | |
|---|-------------------|--------------|
| Project Director: | June L Dahl | 608-262-0978 |
| Financial Officer: | Robert C Andresen | 608-262-2896 |
| Program Officer: | Michelle A Larkin | |
| Senior Officer: | Rosemary Gibson | |
| Grants Administrator: | Betty A Dixon | |
| Communications Officer: | Paul Tarini | |
| Grants Administrative Assistant: | Marybeth Tamayo | |

Budget for Period: 2

EXPENDITURES

| Item | Approved Budget Amount | Period 1 12/04-05/05 | Period 2 06/05-11/05 | Total | Variance |
|-------------------------------|---------------------------|-------------------------|-------------------------|------------------|---------------|
| PERSONNEL | | | | | |
| Principal Investigator | 11,082.00 | 2,906.00 | 8,173.30 | 11,079.30 | 2.70 |
| Grant Manager | 4,950.00 | 1,625.00 | 3,324.64 | 4,949.64 | 0.36 |
| Project Director | 24,584.00 | 5,363.00 | 19,214.95 | 24,577.95 | 6.05 |
| Category Total | 40,616.00 | 9,894.00 | 30,712.89 | 40,606.89 | 9.11 |
| OFFICE OPERATIONS | | | | | |
| Supplies | - | - | - | - | - |
| Printing | - | - | - | - | - |
| Postage | - | - | - | - | - |
| Telephone | - | - | - | - | - |
| Travel | 309.00 | - | 309.05 | 309.05 | |
| Category Total | 309.00 | - | 309.05 | 309.05 | (0.05) |
| CONSULTANT/CONTRACTUAL | | | | | |
| Category Total | - | - | - | - | - |
| INDIRECT COSTS | | | | | |
| Category Total | 3,683.00 | 890.00 | 2,791.95 | 3,681.95 | |
| Grand Total | 44,608.00 | 10,784.00 | 33,813.89 | 44,597.89 | 10.11 |



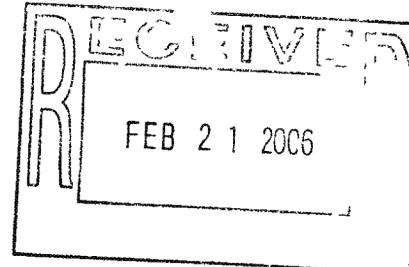
Robert C. Andresen
Administrative Officer

Robert C. Andresen, Asst. Director
Post-Award Services
Research & Sponsored Programs

UNIVERSITY OF
WISCONSIN-MADISON
MEDICAL SCHOOL

February 15, 2006

Betty Dixon
Grants Administrator
Route One and College Road East
PO Box 2316
Princeton, NJ 08543-2316



Re: RWJF Grant #051813

Dear Ms. Dixon,

Enclosed please find the Year One Annual Report for the grant, *Improving Pain Management Policy Through Collaboration of Clinicians, Regulators and Law Enforcement*. This report follows our request for budget revision and extension approved in January 2006.

We would like to thank The Robert Wood Johnson Foundation for its continued support of our efforts to improve pain management through the work of the State Cancer Pain Initiatives.

If you have any questions regarding this report, please contact Marty Skemp Brown at mmskemp@wisc.edu or (608) 265-9173.

Sincerely,

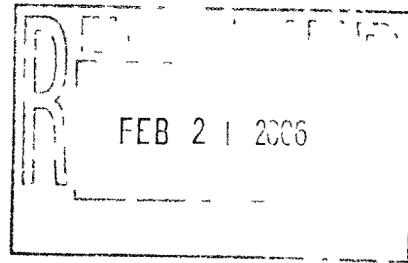
June L. Dahl
June L. Dahl, PhD
Principal Investigator

Cc: Janice H. Heisz-Kalvin, RSP
Michelle A. Larkin, RN, MS

Department of Pharmacology

4720 Medical Sciences Center 1300 University Avenue Madison, WI 53706-1532 608/265-4012 Fax 608/265-4014

MDL_RWF_0000013



February 15, 2006

ANNUAL NARRATIVE REPORT YEAR ONE

IMPROVING PAIN MANAGEMENT POLICY THROUGH COLLABORATION OF CLINICIANS, REGULATORS AND LAW ENFORCEMENT

Grant ID # 051813

December 1, 2004 – November 30, 2005

Total Award: \$112,880

Goal of Project:

The goal of this project is to create a balanced regulatory climate in states and thus reduce the barriers to effective pain control.

Principal Investigator:

**June L. Dahl, PhD
University of Wisconsin-Madison
1300 University Ave, Room 4720
Madison, WI 53706
(608)265-4012
jldahl@wisc.edu**

1) What did you accomplish during this reporting period? How did these accomplishments help you reach the goal of your project? If relevant, what indicators or benchmarks were used to determine your progress?

The goal of this project was to assist four State Pain Initiatives to engage in Pain Policy Programs for the purpose of removing impediments to the prescribing and dispensing of controlled substances for pain control. The primary intent of these activities is to foster dialogue and understanding between health care professionals and those states' regulatory and licensing bodies so as to promote a positive regulatory and public policy climate. Contract awards in the amount of \$10,000 were made to the Pain Initiatives in Florida, New York and Texas. Staff at the National Office of the American Alliance of Cancer Pain Initiatives (AACPI) provided advice and direction for these efforts. Staff also facilitated activities on behalf of the Wisconsin Pain Initiative. All of the states except Wisconsin signed Memoranda of Understanding outlining the critical components of their programs.

All four states have shown progress toward accomplishing their goals. The most definitive accomplishment was the articulation of a position statement by the Pharmacy Examining Board of Wisconsin described in more detail in the response to Question 4. The Board of Pharmacy has encouraged the Wisconsin Medical Board to adopt a similar position related to the role of opioid analgesics in pain control.

The Florida Pain Initiative (FPI) has established a collaborative, statewide, broad-based network of organizations to serve as the catalyst for its policy work. The Florida Pain Coalition seeks to create a permanent state task force to foster dialogue and understanding about pain and its management among policy makers, regulators, health care providers and patients. In this way the FPI can articulate a strategic plan to advance appropriate pain policies.

The New York Pain Initiative, with the support of the Eastern Division of the American Cancer Society, is using its new Official Prescription Monitoring Program which goes into effect on April 19, 2006 to educate health care professionals and professional organizations about the new law and to use it as the basis for advocacy efforts to reduce the fear of regulatory scrutiny that has been documented to have a chilling effect on opioid prescribing for pain in the state.

The Texas Pain Initiative, with the strong support of the Texas Division of the American Cancer Society, has organized a Pain Summit for August 2006 to bring together key individuals and organizations to develop a plan of action to address through legislative and regulatory change the documented barriers to effective pain control in that state.

2) What, if any, proposed activities were not completed? Briefly describe those activities, the reasons they were not completed and your plans for carrying them out.

Many of the activities proposed in the Memoranda of Understanding have not yet been completed. This is not surprising given the ambitious nature of the undertakings and the short time since work began. The Texas Initiative has made the greatest progress since plans for its Pain Summit are almost complete; the activities in Florida and New York are "works in progress." The staff of the National Office of the AACPI will continue to work with the states to

refine their specific objectives and provide assistance to assure satisfactory completion of the proposed activities. We expect the activities in the Memoranda of Understanding to be completed in Year Two of this grant.

3) *Is there anything else you want to tell RWJF?*

These Pain Policy programs are extremely important as real and perceived drug regulations can serve as significant barriers to effective pain control. RWJF should realize, however, that the success of these programs depends on significant explicit guidance from staff in the AACPI National Office. State initiative staff and volunteers are rarely, if ever, experienced enough to be able to make significant improvements in public policy on their own. RWJF should also realize that a balanced regulatory climate can not be measured solely by enumerating how many laws and regulations are created, modified, or removed, but is really dependent on the attitudes and practice of those who prescribe and dispense controlled substances and those who legislate and regulate their use. That could be done through knowledge and attitude surveys and through monitoring of drug utilization.

Since each state is a unique entity, indicators of accomplishment will have to be carefully crafted on a state-by-state basis. However, there are some common themes and it will be important to identify those and build on them to create a series of benchmarks of achievement as one addresses the special challenges inherent in each state.

4) *What was produced in the reporting period?*

The Pharmacy Examining Board of Wisconsin issued a position statement on pain control that was published in the State's Regulatory Digest and is available on the web site of Wisconsin's Department of Regulation and Licensing (<http://drl.wi.gov/boards/phm/pap/index.htm>). This very positive statement clearly articulates to pharmacists that the Board:

- a. Encourages pain management
- b. Recognizes that pain management, and the use of opioids for pain management, are a part of medical/pharmacy practice and
- c. Recognizes that confusion exists around the terms addiction, physical dependence and tolerance.

Further, the Board recognizes that quality care dictates that the citizens of Wisconsin have access to appropriate and effective pain relief. It also emphasizes that pharmacists should not fear disciplinary action from the Board for dispensing controlled substances, including opioid analgesics, for a legitimate medical purpose in the usual course of professional practice.

February 15, 2006

ANNUAL BUDGET REPORT YEAR ONE

**IMPROVING PAIN MANAGEMENT POLICY THROUGH COLLABORATION OF
CLINICIANS, REGULATORS AND LAW ENFORCEMENT**

Grant ID # 051813

December 1, 2004 – November 30, 2005

Total Award: \$112,880

Goal of Project:

The goal of this project is to create a balanced regulatory climate in states and thus reduce the barriers to effective pain control.

Principal Investigator:

**June L. Dahl, PhD
University of Wisconsin-Madison
1300 University Ave, Room 4720
Madison, WI 53706
(608)265-4012
jldahl@wisc.edu**



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4

December 29, 2005

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin School of Medicine and Public Health
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Dear Dr. Dahl:

I am writing in reference to your Robert Wood Johnson Foundation grant identified below.

I.D. 051813
Amount: \$112,880
Purpose: Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement
Project Dates: December 1, 2004 through November 30, 2005
Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu)

We have reviewed and approved your extension request for the period December 1, 2005 through November 30, 2006. Enclosed is a copy of your financial reporting form with your approved budget of \$68,265 for use when reporting expenditures.

If your cumulative expenditures and extension budget exceed the total award amount, you will need to reduce and resubmit both your extension budget and budget narrative. Your annual financial and narrative reports will now be due on December 31, 2005. Your final financial and narrative reports are due on December 31, 2006.

If you need further assistance, please contact me at 609-627-7695.

Sincerely,

Betty A. Dixon

Betty A. Dixon
Grants Administrator

BAD : bad
Enclosure

cc: Robert Andersen

Michelle A. Larkin, R.N., M.S.



THE ROBERT WOOD JOHNSON FOUNDATION
The Robert Wood Johnson Foundation
 P.O. Box 2316
 Princeton, NJ 08543-2316
 Phone:(609) 452-8701 Fax:(609) 627-6416

051813 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement

| | | | |
|--|----------------------------------|--------------------|--------------|
| University of Wisconsin School of Medicine and Public Health | Project Director : | June L. Dahl | 608-262-0978 |
| Budget Period: 12/01/2005 to 11/30/2006 | Financial Officer: | Robert Andersen | 608-262-2896 |
| Project Period: 12/01/2004 to 11/30/2006 | Program Officer: | Michelle A. Larkin | |
| Budget for Period: 2 | Senior Officer: | Rosemary Gibson | |
| | Grants Administrator: | Betty A. Dixon | |
| | Communications Officer: | Paul Tarini | |
| | Grants Administrative Assistant: | Marybeth Tamayo | |

EXPENDITURES

| Item | Approved | Period 1 | Period 2 |
|--------------------------------|---------------|-------------|-------------|
| | Budget Amount | 12/05-05/06 | 06/06-11/06 |
| PERSONNEL | | | |
| Principal Investigator | 6,720 | | |
| Grant Manager | 1,670 | | |
| Project Director | 16,533 | | |
| PERSONNEL TOTAL | 24,923 | | |
| OFFICE OPERATIONS | | | |
| Supplies | 2,014 | | |
| Printing | 1,000 | | |
| Postage | 500 | | |
| Travel | 4,191 | | |
| OFFICE OPERATIONS TOTAL | 7,705 | | |
| CONSULTANT/CONTRACTUAL | | | |
| CONSULTANT/CONTRACTUAL TOTAL | 30,000 | | |
| INDIRECT COSTS | | | |
| INDIRECT COSTS TOTAL | 5,637 | | |
| Grand Total | 68,265 | | |

**IMPROVING PAIN POLICY THROUGH COLLABORATIONS
WITH THE STATE PAIN INITIATIVES
REQUEST FOR NO-COST EXTENSION**

BUDGET AND BUDGET NARRATIVE

12/1/04 - 11/30/06

Grant #051813

Submitted By:

June L. Dahl, PhD
University of Wisconsin-Madison
Medical School
1300 University Avenue, Room 4720
Madison, Wisconsin 53706

November 2005

Budget Proposal

Grant Period: 12/1/04 to 11/30/06
 Budget Period: 12/1/05 to 11/30/06

I. Personnel

| Name | Position | <i>Requeste d</i> | <i>Revision</i> |
|-----------------------|--|-----------------------|-----------------|
| June Dahl | Principal Investigator (10%) 12 (3 mos) | \$6,720 | |
| Mary Skemp Brown | Grant Manager (10%) 12 (3 mos) | \$1,670 | |
| Matt Bromley | Project Director (60%) 12 (3 mos) | \$16,533 | |
| Fringe benefits (34%) | Subtotal | \$24,923 | |

II. Other Direct costs**Office Operations**

| | |
|------------------|----------------|
| <i>Supplies</i> | \$2,014 |
| <i>Printing</i> | \$1,000 |
| <i>Postage</i> | \$500 |
| <i>Telephone</i> | \$0 |
| Travel | \$4,191 |
| Subtotal | \$7,705 |

III. Contracts/Consultants \$30,000

IV. Indirect Costs (9%) \$5,637

Total \$68,265

Budget Narrative

Grant Period: 12/1/04 to 11/30/06

Budget Period: 12/1/05 to 11/30/06

I. PERSONNEL**Principal Investigator, June L. Dahl, PhD, 10%**

Dr. Dahl will oversee the design and implementation of the major components of the project. She will assist the Project Director in the design and conduct of the meetings that will bring clinicians, regulators and law enforcement personnel together to clarify issues surrounding the use of opioid analgesics for pain control in each of three states. She will also facilitate the development of position statements from the state regulatory boards from state regulatory boards as well as enhanced communication from them to their licensers. She will be responsible for the submission of results of the meetings and consequent actions to a peer-reviewed journal. We request 10% of Dr. Dahl's salary and fringe benefits.

Project Director, Matt Bromley, BA, 60%

Mr. Bromley will have primary responsibility for implementation of the educational intervention in the states. He will provide templates for implementation activities to each of the State Pain Initiatives, provide advice and consultation during the process of planning the state-wide meetings, develop drafts of policy statements for consideration by regulatory authorities, and facilitate media coverage of the events. Mr. Bromley has an outstanding history of success in helping to facilitate dialog between clinicians and regulators in the states. We request 60% of Mr. Bromley's salary and fringe benefits.

Grant Manager, Marty Skemp Brown, MBA 10%

The Grant Manager will work directly with all project team members to assure that project goals are being met. The PI and Project Director will report their progress to Ms. Skemp Brown and she will produce viable timelines and project goal checkpoints. She will also be responsible for issuing the contracts to the three State Pain Initiatives. Ms. Skemp will be responsible for the annual/final grant and budget reports. We request 10% of her salary and fringe.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

| <u>Title</u> | <u>Salary</u> | <u>Fringe Rate</u> | <u>Fringes</u> |
|------------------------|---------------|--------------------|----------------|
| Principal Investigator | \$5,015 | 34% | \$1,705 |
| Media/PR Director | \$12,338 | 34% | \$4,195 |
| Grant Manager | \$1,246 | 34% | \$424 |
| Total Fringe | | | \$10,078 |

II. OTHER DIRECT COSTS

Office Operations

Supplies - The requested supply budget is \$2,014. The supplies requested include paper, pens, pencils, tape, toner, diskettes, file folders, meeting folders, labels, bubble envelopes, and other shipping supplies.

Printing - The requested printing budget is \$1,000. This is to cover the costs of printing materials for the conferences.

Telephone – Telephone costs will be covered by other funds.

Postage - The total requested postage budget is \$500. This includes postage to mail meeting materials to conference sites and meeting coordinators.

Project Staff Travel

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$1,500 per conference (3) is requested to cover the travel for the Media/PR Director and PI to attend (\$750 per person). The remaining budget for Year Two is \$4,191.

III. CONTRACTS

A total of \$30,000 is requested for contracts. Three states will be awarded \$10,000 each to cover the costs of personnel and conference planning for a policy/ regulatory program. The State Initiative coordinator will assume responsibility for local arrangements for the state-wide meetings and for some of the post-meeting follow-up activities (see Measures of Success in proposal). The coordinator will arrange for a meeting site and handle all details related to the meeting itself such as food, audio visual needs of speakers, registration, and the copying of materials to be distributed. He/she will send the formal invitations to designated participants and serve as the focus of communication with participants.

IV. INDIRECT COSTS

Indirect costs are calculated at 9% of budget categories I, II and III for a total of \$5,637.



11
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September 13, 2005

Robert Andersen
Assistant Director, Post-Award Services
University of Wisconsin-Madison Medical School
750 University Avenue
Madison, WI 53706-1490

Dear Mr. Andersen:

I am writing in reference to your Robert Wood Johnson Foundation grant. We have received your financial report for the grant identified below. Because of the amount of your cash balance, a payment will not be issued at this time.

I.D. 051813
Amount: \$112,880
Purpose: Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement
Project Dates: December 1, 2004 through November 30, 2005
Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu)

In reviewing your recent financial report, we note that cumulative expenditures as of May 31, 2005, have been \$10,784. The Foundation has made payments to date totaling \$101,600, leaving you a cash balance as of May 31, 2005, of \$90,816. Enclosed is a financial reporting form for your use when reporting expenditures.

If you need further assistance, please contact me at 609-627-5844.

Sincerely,

Sophia Kounelias
Grants Administrator

SK : sk
Enclosure

cc: June L. Dahl, Ph.D.
Michelle A. Larkin, R.N., M.S.

FINANCIAL REPORT
The Robert Wood Johnson Foundation
 P O. Box 2316
 Princeton, NJ 08543-2316
 Phone (609) 452-8701 Fax (609) 627-6416

051813

Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement

University of Wisconsin-Madison Medical School

Budget Period: 12/01/2004 to 11/30/2005

Project Period: 12/01/2004 to 11/30/2005

Budget for Period: 1

Project Director :
Financial Officer:
Program Officer:
Senior Officer:
Grants Administrator:
Grants Administrative Assistant:
Communications Officer:

June L. Dahl
 Robert Andersen
 Michelle A. Larkin
 Rosemary Gibson
 Sophia Kounelias
 Rebecca E. Kamer
 Paul Tanni

608-262-0978
 608-262-2896

EXPENDITURES

| Item | Approved | Period 1 | Period 2 |
|-------------------------------|----------------|---------------|-------------|
| | Budget Amount | 12/04-05/05 | 06/05-11/05 |
| PERSONNEL | | | |
| Principal Investigator | 17,787 | 2,906 | |
| Grant Manager | 6,630 | 1,625 | |
| Project Director | 39,384 | 5,363 | |
| Category Total | 63,801 | 9,894 | |
| OFFICE OPERATIONS | | | |
| Supplies | 507 | 0 | |
| Printing | 1,000 | 0 | |
| Postage | 500 | 0 | |
| Telephone | 3,252 | 0 | |
| Travel | 4,500 | 0 | |
| Category Total | 9,759 | | |
| CONSULTANT/CONTRACTUAL | | | |
| Category Total | 30,000 | 0 | |
| INDIRECT COSTS | | | |
| Category Total | 9,320 | 890 | |
| Grand Total | 112,880 | 10,784 | |



RECEIVED by:

AUG 30 2005

University of Wisconsin-Madison
Graduate School, Research and Sponsored Programs

August 26, 2005

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, NJ 08543-2316

In reply, please refer to
UW Acct No. 133-GU91

RE: Grant # 051813

Dear Ms. Kounelias:

Enclosed is the semi-annual financial report on the above-referenced grant for Year 1 period December 1, 2004 through May 31, 2005, under the direction of June L. Dahl in the Department of Pharmacology, at the University of Wisconsin-Madison.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at (608)262-6951.

Sincerely,

A handwritten signature in cursive ink that reads "Amy L. Wilson".

Amy L. Wilson
Accountant

Enclosure

Cc: Dahl, June L. - Pharmacology
Skemp, Marty - Pharmacology
Med School Fiscal Svc
File

FINANCIAL REPORT**The Robert Wood Johnson Foundation**

P.O. Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-GU91

Project Director: June L. Dahl (608-262-0978)
 Fiscal Officer: Robert C. Andresen (608-262-2896)

Payee: University of Wisconsin-Madison School
 ID Number: 051813
 Budget Period: Dec-01-2004 to Nov-30-2005
 Project Period: Dec-01-2004 to Nov-30-2005

Budget for Year: 1
Revised:

EXPENDITURES

| Item | Approved Budget Amount | Period 1 12/04-05/05 | Period 2 06/05-11/05 | Total | Variance |
|-------------------------------|---------------------------|-------------------------|-------------------------|------------------|-------------------|
| PERSONNEL | | | | | |
| Principal Investigator | 17,787.00 | 2,906.32 | | 2,906.32 | 14,880.68 |
| Grant Manager | 6,630.00 | 1,624.86 | | 1,624.86 | 5,005.14 |
| Project Director | 39,384.00 | 5,362.76 | | 5,362.76 | 34,021.24 |
| Personnel Subtotal | 63,801.00 | 9,893.94 | - | 9,893.94 | 53,907.06 |
| OFFICE OPERATIONS | | | | | |
| Supplies | 507.00 | - | | - | 507.00 |
| Printing | 1,000.00 | - | | - | 1,000.00 |
| Postage | 500.00 | - | | - | 500.00 |
| Telephone | 3,252.00 | - | | - | 3,252.00 |
| Travel | 4,500.00 | - | | - | 4,500.00 |
| Office Ops Subtotal | 9,759.00 | - | - | - | 9,759.00 |
| CONSULTANT/CONTRACTUAL | | | | | |
| 30,000.00 | - | - | - | - | 30,000.00 |
| INDIRECT COSTS | 9,320.00 | 890.44 | | 890.44 | 8,429.56 |
| Grand Total | 112,880.00 | 10,784.38 | - | 10,784.38 | 102,095.62 |

1
 3KL
 9/12/05



Mark E. Inman, Administrative Officer

THE
ROBERT WOOD
JOHNSON
FOUNDATION.®

1/4

December 3, 2004

Robert Andersen
Assistant Director, Post-Award Services
University of Wisconsin-Madison Medical School
750 University Avenue
Madison, WI 53706-1490

Reference: I.D. #051813 - Conveyance of Funds, Guidelines, and Forms

Dear Mr. Andersen:

This supplements our recent award letter in regard to your grant for \$112,880 in support of improving pain management policies through collaborations.

Enclosed with this letter is our check in the amount of \$101,600, which represents 90 percent of your grant award. Funds cannot be expended against any subcontract in your budget until the subcontract or, alternatively, a letter which specifies the contractee, period of performance, workplan/deliverables, and budget and budget narrative have been received and reviewed by the Foundation.

The Request for Project Support and Conditions of Grant form imposes a number of specific requirements regarding the use of funds. Since you are responsible for complying with these requirements, I am attaching a copy for your reference. In addition, a copy of our "Grant Budget Revision Guidelines" and "Financial Guidelines and Reporting Requirements," to be followed if a budget revision becomes necessary, are also attached. Please read these guidelines carefully.

The Robert Wood Johnson Foundation has initiated a program whereby grantees and contractors are selected at random to receive an internal audit review. The purpose of this review is to: 1) provide the Foundation with the assurance that our funds are being used for their intended purpose; and 2) provide recommendations to our grantees and contractors on methods to improve their organizations. If your organization is selected, you will be notified in advance of the audit.

Final financial and narrative reports on this grant will be due in December 2005. You will receive a reminder in advance of the due date of these reports. We are enclosing the Financial Report form to be completed at the end of the award and returned to the Foundation.

When submitting all correspondence under your grant, reference the above-captioned grant number. If someone other than yourself will be the financial contact person on this grant, please supply us with that information. The person who has financial responsibility for your grant at the Foundation is Sophia Kounelias.

If you have any questions about any of the above items, please contact Ms. Kounelias at 609-627-5844. We welcome you to the Foundation's family of grantees and look forward to assisting you.

Sincerely,



Margaret H. Einhorn
Chief Financial Officer and Treasurer

/REW
Enclosures

cc: June L. Dahl, Ph.D.
Michelle A. Larkin R.N., M.S.

FINANCIAL REPORT
The Robert Wood Johnson Foundation
P.O.Box 2316
Princeton, NJ 08543-2316
Phone: (609) 452-8701 Fax: (609) 627-6416

Page: 1

FA: SXK PA: REW PO: MAL

Project Director: June L. Dahl (608-262-0978)
Fiscal Officer : Robert Andersen (608-262-2896)

Payee: University of Wisconsin-Madison Medical School

ID Number: 051813

Budget Period: Dec-01-2004 to Nov-30-2005

Project Period: Dec-01-2004 to Nov-30-2005

Budget for Year : 1

Revised:

EXPENDITURES

| Item | Approved Budget Amount | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Total | Variance | Pct |
|--------------------------|---------------------------|-------------|-------------|----------|----------|----------|----------|-------|----------|-----|
| | | 12/04-05/05 | 06/05-11/05 | | | | | | | |
| PERSONNEL | | | | | | | | | | |
| Principal Investigator | 17,787 | | | | | | | | | |
| Grant Manager | 6,630 | | | | | | | | | |
| Project Director | 39,384 | | | | | | | | | |
| Personnel Subtotal | 63,801 | | | | | | | | | |
| OFFICE OPERATIONS | | | | | | | | | | |
| Supplies | 507 | | | | | | | | | |
| Printing | 1,000 | | | | | | | | | |
| Postage | 500 | | | | | | | | | |
| Telephone | 3,252 | | | | | | | | | |
| Travel | 4,500 | | | | | | | | | |
| Office Ops Subtotal | 9,759 | | | | | | | | | |
| CONSULTANT/CONTRACTUAL | 30,000 | | | | | | | | | |
| INDIRECT COSTS | 9,320 | | | | | | | | | |
| Grand Total | 112,880 | | | | | | | | | |

THE
ROBERT WOOD
JOHNSON
FOUNDATION®

November 24, 2004

John D. Wiley, Ph.D.
Chancellor
University of Wisconsin-Madison
161 Bascom Hall
500 Lincoln Drive
Madison, WI 53706-1380

Reference: I.D. #051813

Dear Chancellor Wiley:

It is a pleasure to inform you that The Robert Wood Johnson Foundation has approved a grant of \$112,880 to the Board of Regents of the University of Wisconsin System (University of Wisconsin-Madison Medical School) in 12-month continued support of improving pain management policies through collaborations, under the direction of June L. Dahl, Ph.D.

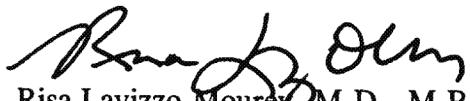
The funds are to be used in accordance with the proposal to the Foundation and the terms and conditions outlined in the Request for Project Support, dated October 7, 2004. They are also to be used in accordance with the final budget and are to be applied over the period December 1, 2004, through November 30, 2005.

Our Treasurer's Office will be in touch concerning payment of this grant and reporting requirements. During the period of this grant, any questions you may have should be addressed to Michelle A. Larkin, R.N., M.S., who will have responsibility among our staff for this activity.

If your organization wishes to issue a news release on this grant, please feel free to do so. We ask that a copy of the draft text be sent to us for our review and information in advance of dissemination. Please allow three days for this process. Address the copy to the Foundation to the attention of Andrea Daitz in our Communications Department.

All of us at The Robert Wood Johnson Foundation wish you continued success in carrying out this important undertaking.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

RLM:opm

cc: June L. Dahl, Ph.D.
Robert Andersen
E. Diane Barrett

Office of the President and CEO

Route 1 and College Road East Post Office Box 2316 Princeton, New Jersey 08543-2316 (609) 452-8701

Internet: <http://www.rwjf.org>
e-mail: mail@rwjf.org

Quality/Renewal

IMPROVING PAIN POLICY THROUGH COLLABORATIONS WITH THE STATE PAIN INITIATIVES

Award: \$112,880

Duration: 12 months (12/1/04 - 11/30/05)

Previous Support: \$183,680 for 24 months (12/1/03 - 11/30/04) (I.D. 48204)

\$421,800 for 24 months (3/1/02 - 2/29/04) (I.D. 43940)

University of Wisconsin-Madison Medical School

I.D. 51813

Foundation Staff: Michelle Larkin, Rosemary Gibson, Sophia Kounelias, Anne Weiss**SUMMARY**

The undertreatment of pain continues to be a major public health concern in the US. Laws and regulations to prevent the diversion and abuse of controlled substances have been a cause of considerable debate between regulators and medical groups. Clinicians assert that prescription monitoring programs (PMPs) reduce the appropriate prescribing of opioids for pain control. Regulators assert that these programs reduce drug diversion with little impact on legitimate prescribing. This solicited project will assist clinicians, regulators, and law enforcement personnel with the appropriate use of opioids for pain control and the laws and regulations that govern their use. In each of three states, stakeholders will be brought together to discuss the prescribing and dispensing of opioids for pain control. Participants will develop recommendations to promote more effective pain management practices and the appropriate use of opioid analgesics. Recommendations may include: the creation of a state pain task force; the adoption of specific policy statements by the regulatory boards; legislative action to eliminate specific regulatory barriers; legislation to mandate professional education in pain; and/or action steps to address any inadequacies in existing electronic prescription monitoring programs. This project will be successful if the statewide meetings result in the development and implementation of key recommendations that have a positive influence on pain management policies in each state. No renewal is anticipated. June L. Dahl, Ph.D., University of Wisconsin-Madison Medical School, oversees and directs this project.

The Problem: Despite increased attention to pain management over the last two decades, the undertreatment of pain continues to be a major public health concern in the US. Although a variety of pharmacologic and non-pharmacologic therapies are available, opioid analgesics remain critical for the management of moderate to severe pain, especially pain due to surgery, trauma, and cancer and to restoring quality of life and functional status in selected patients with chronic pain. In spite of their documented effectiveness, opioids are often underutilized, a factor which has contributed significantly to the undertreatment of pain. At times, there has been apprehension surrounding even the routine use of opioids.

Unfortunately, in addition to their enormous value as analgesics, opioids have the potential to be abused. As a result, their production and distribution is strictly regulated by two overlapping regulatory processes: the federal controlled substances law administered by the Drug Enforcement Administration (DEA) and state statutes and regulations that govern the use of these substances and clinical practice.

All 50 states have promulgated laws and regulations to prevent the diversion and abuse of controlled substances. Some are more stringent than federal regulations. Certain states have implemented special programs to monitor the prescribing and dispensing of controlled substances. These have been a cause of considerable debate between regulators and medical groups: clinicians assert that these prescription monitoring programs reduce the appropriate prescribing of opioids for pain control; and regulators assert that these programs reduce drug diversion with little impact on legitimate prescribing.

The Project and its Strategy:

The Project

This project will assist clinicians, regulators, and law enforcement personnel with becoming familiar with the appropriate use of opioids for pain control and with the laws and regulations that govern their use. Legal and regulatory impediments will be identified and processes to remove those impediments will be constructed. The goal of this project is to create a balanced regulatory climate in states and thus reduce the barriers to effective pain control. Three states will be focused on—Illinois, Indiana, and Michigan. Until relatively recently, each of these states had triplicate prescription programs to monitor the prescribing and dispensing of opioids. The legacy of these programs is a negative regulatory climate in which clinicians have inappropriate fears about the use of opioids for pain control.

Regulatory summits will be held in each of these states, bringing key stakeholders together to discuss issues related to the prescribing and dispensing of opioids for pain control. Project staff will work in collaboration with each state's pain initiative coalitions (pain initiative) to design and implement the statewide summit meeting and for the post-meeting, follow-up activities. Invitees will include representatives of state regulatory boards; the state attorney general; the secretary of the department of health; the deans of the schools of medicine, pharmacy, and nursing; recognized pain experts in the state; representatives of state professional organizations; and representatives of health care facility organizations. During the summit, statements from key state officials and presentations describing the undertreatment of pain and its consequences, the extent of the prescription drug diversion problem in the state, and a review of the state's drug laws and regulations will be given.

Additionally, participants will divide into workgroups to develop recommendations to promote more effective pain management practices and the appropriate use of opioid analgesics. Recommendations may include: the creation of a state pain task force; the adoption of specific policy statements by the regulatory boards; legislative action to eliminate specific regulatory barriers; legislation to mandate professional education in pain; and/or action steps to address any inadequacies in existent electronic prescription monitoring programs.

The principal investigator and project director will work with the pain initiative coordinator to engage the media in the summit discussion and will facilitate implementation of the recommendations from the meeting. Approximately, 55 percent of Foundation funds will be used to support project staff and travel; 30 percent will cover subcontracts to pain initiatives in each of the three states, supporting summit planning and implementation (initiatives will be expected to raise matching funds to support the additional summit expenses); the remaining 15 percent covers supplies and indirect costs.

The Strategy

There are elements in state laws and regulations that can have a negative effect on the appropriate prescribing of opioid analgesics. Yet as stated above, in many instances, it is the perceptions of clinicians, regulators, and law enforcement personnel, such as the DEA, that are the larger barriers. Clinicians perceive that regulators are out to get them and regulators feel that many physicians are careless with the prescribing and dispensing of opioids and, as a result, are contributing to the nation's drug abuse problem. This adversarial climate is very detrimental to patients in pain. Good communication is key to mutual respect and understanding.

Enhancing communication among key stakeholders and assuring that they have essential factual information about the role of opioids is at the core of the model regulatory programs.

This project will be a successful if the statewide meeting results in the development and implementation of key recommendations that have a positive influence on pain management policies in the state. The project will be successful if one or more of the following objectives is achieved:

- the state's medical, pharmacy, and nursing boards adopt policy statements that are similar to the one issued by the Federation of State Medical Boards;
- the state's medical, pharmacy, and nursing boards establish regular communication with practicing clinicians to inform them of their policy relating to the use of opioids for pain control;
- the state adopts a long-range plan to promote effective pain control;
- the state takes action to recognize and remove documented barriers to effective pain control that exist within current laws and regulations; and
- the results of the work are published in a peer-reviewed journal so as to promote the implementation of similar regulatory programs in other states.

This project meets the Team's objective to sustain the gains of the Foundation's investments to improve care at the end of life.

Implementation Risks/Challenges: Promoting the appropriate use of opioid analgesics requires greater understanding of the proper use of these drugs by health care professionals and by regulators and law enforcement personnel. It also requires the establishment of a balanced regulatory climate in which prevention of the diversion and abuse of opioids does not interfere with legitimate medical practice. It is our hope that the project activities will provide the impetus for a sustained commitment to a balanced approach from all of the key stakeholders: clinicians, regulators, and law enforcement personnel. We anticipate that the activities surrounding the planning and implementation of the meeting will strengthen the pain initiatives in the states that are involved in these efforts as individuals and organizations work together to assure appropriate pain management for all Americans.

10/6/04--Quality Team, 10/08/04/Renewal Ad Hoc

Improving Pain Policy Through Collaborations With The State Pain Initiatives

Award: \$142,873 / 12,880

Duration: 12 months (02/01/05 - 02/28/06) 12/1/04 - 11/30/05

5/14
11/5/04

Previous Support: \$183,680 for 12 months (12/01/03 – 11/30/04) (I.D. 043940)

University of Wisconsin-Madison Medical School, Madison, WI
I.D. 51813

Foundation Staff: Michelle Larkin, Rosemary Gibson, Sophia Kounelias, Victoria Weisfeld, David Colby

SUMMARY

The under treatment of pain continues to be a major public health concern in the United States. All fifty states have promulgated laws and regulations to prevent the diversion and abuse of controlled substances. These laws and regulations have been a cause of considerable debate between regulators and medical groups: clinicians assert that these prescription monitoring programs (PMPs) reduce the appropriate prescribing of opioids for pain control, and regulators assert that these programs reduce drug diversion with little impact on legitimate prescribing. This solicited project will assist clinicians, regulators and law enforcement personnel with becoming familiar with the appropriate use of opioids for pain control and with the laws and regulations that govern their use. "Regulatory summits" will be held in each of three states, bringing key stakeholders together to discuss issues related to the prescribing and dispensing of opioids for pain control. Additionally, participants will develop recommendations to promote more effective pain management practices and the appropriate use of opioid analgesics. Recommendations may include: the creation of a state pain task force; the adoption of specific policy statements by the regulatory boards; legislative action to eliminate specific regulatory barriers; legislation to mandate professional education in pain; and/or action steps to address any inadequacies in existent electronic prescription monitoring programs. This project will be considered a success if the state-wide meeting results in the development and implementation of key recommendations that have a positive influence on pain management policies in the state. This grant will serve as a Roots & Wings activity for this grantee. No renewal is anticipated. Dr. June Dahl and Matthew Bromley from the University of Wisconsin-Madison's School of Medicine will oversee and direct this project.

The Problem: Despite increased attention to pain management over the last two decades, the under treatment of pain continues to be a major public health concern in the United States. Although a variety of pharmacologic and non-pharmacologic therapies are available, opioid analgesics remain critical for the management of moderate to severe pain, especially pain due to surgery, trauma and cancer and to restoring quality of life and functional status in selected patients with chronic pain. In spite of their documented effectiveness, opioids are often underutilized, a

factor which has contributed significantly to the under treatment of pain. At times, there has been apprehension surrounding even the routine use of opioids.

Unfortunately, in addition to their enormous value as analgesics, opioids have the potential to be abused. As a result their production and distribution is strictly regulated by two overlapping regulatory processes: the federal controlled substances law administered by the Drug Enforcement Administration (DEA) and state statutes and regulations that govern the use of these substances and clinical practice.

All fifty states have promulgated laws and regulations to prevent the diversion and abuse of controlled substances. Some are more stringent than federal regulations. Certain states have implemented special programs to monitor the prescribing and dispensing of controlled substances. These have been a cause of considerable debate between regulators and medical groups: clinicians assert that these prescription monitoring programs (PMPs) reduce the appropriate prescribing of opioids for pain control, and regulators assert that these programs reduce drug diversion with little impact on legitimate prescribing.

The Project and its Strategy:

The Project

This solicited project will assist clinicians, regulators and law enforcement personnel with becoming familiar with the appropriate use of opioids for pain control and with the laws and regulations that govern their use. Legal and regulatory impediments will be identified and processes to remove those impediments will be constructed. The goal of this project is to create a balanced regulatory climate in states and thus reduce the barriers to effective pain control. Three states will be focused on Illinois, Indiana and Michigan. Until relatively recently, each of these states had “triplicate prescription programs” to monitor the prescribing and dispensing of opioids. The legacy of these programs is a “negative regulatory climate” in which clinicians have inappropriate fears about the use of opioids for pain control.

“Regulatory summits” will be held in each of these states, bringing key stakeholders together to discuss issues related to the prescribing and dispensing of opioids for pain control. Project staff will work in collaboration with the each state’s pain initiative coalitions (pain initiative) to design and implement the state-wide summit meeting and for the post-meeting follow-up activities. Invitees will include representatives of state regulatory boards, the state attorney general, the secretary of the department of health, the deans of the schools of medicine, pharmacy and nursing, recognized pain experts in the state, representatives of state professional organizations, and representatives of health care facility organizations. During the summit, statements from key state officials and presentations describing the under treatment of pain and its consequences, the extent of the prescription drug diversion problem in the state, and a review of the state’s drug laws and regulations will be given. ✓

Additionally, participants will divide up into workgroups to develop recommendations to promote more effective pain management practices and the appropriate use of opioid analgesics. Recommendations may include: the creation of a state pain task force; the adoption of specific policy statements by the regulatory boards; legislative action to eliminate specific regulatory ✓

✓
barriers; legislation to mandate professional education in pain; and/or action steps to address any inadequacies in existent electronic prescription monitoring programs.

The Principal Investigator and Project Director will work with the pain initiative coordinator to engage the media in the summit discussion and will facilitate implementation of the recommendations from the meeting. Approximately, 55 percent of Foundation funds will be used to support project staff and travel; 30 percent will cover subcontracts to pain initiatives in each of the three states, supporting summit planning and implementation (initiatives will be expected to raise matching funds to support the additional summit expenses); the remaining 15 percent covers supplies and indirect costs.

The Strategy

There are elements in state laws and regulations that can have a negative effect on the appropriate prescribing of opioid analgesics. Yet as stated above, in many instances it is the perceptions of clinicians and regulators and law enforcement personnel such as the DEA that are the larger barriers. Clinicians perceive that regulators are “out to get them” and regulators feel that many physicians are careless with the prescribing and dispensing of opioids and as a result are contributing to the nation’s drug abuse problem. This adversarial climate is very detrimental to patients in pain. Good communication is key to mutual respect and understanding. Enhancing communication among key stakeholders and assuring that they have essential factual information about the role of opioids is at the core of the model regulatory programs.

This project will be considered a success if the state-wide meeting results in the development and implementation of key recommendations that have a positive influence on pain management policies in the state. The project will be considered successful if one or more of the following objectives is achieved:

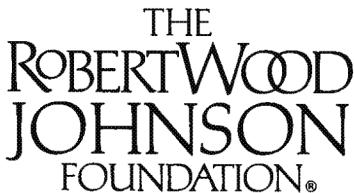
- The state’s medical, pharmacy and nursing boards adopt policy statements that are similar to the one issued by the Federation of State Medical Boards
- The state’s medical, pharmacy and nursing boards establish regular communication with practicing clinicians to inform them of their policy relating to the use of opioids for pain control
- The state adopts a long-range plan to promote effective pain control
- The state takes action to recognize and remove documented barriers to effective pain control that exist within current laws and regulations
- The results of the work are published in a peer-reviewed journal so as to promote the implementation of similar regulatory programs in other states

This project meets the team’s objective to sustain the gains of the Foundation’s investments to improve care at the end of life.

Implementation Risks/Challenges: Promoting the appropriate use of opioid analgesics requires greater understanding of the proper use of these drugs by health care professionals and by regulators and law enforcement personnel. It also requires the establishment of a balanced regulatory climate in which prevention of the diversion and abuse of opioids does not interfere with

legitimate medical practice. It is our hope that the project activities will provide the impetus for a sustained commitment to balanced approach from all of the key stakeholders: clinicians, regulators and law enforcement personnel. We anticipate that the activities surrounding the planning and implementation of the meeting will strengthen the pain initiatives in the states that are involved in these efforts as individuals and organizations work together to assure appropriate pain management for all Americans.

q:\apps\boarddoc\p051813.doc



DO NOT SEPARATE
THIS DOCUMENT

RECEIVED by:

Road and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316
(609) 452-8701

OCT - 8 2004

Request for Project Support
and
Conditions of Grant

Title of Project:

Improving pain policy through collaborations with the State Pain Initiatives

Purpose of Project:

To improve pain management through policy programs with State Pain Initiatives.

| Applicant Institution (name of legal entity, address, telephone number, fax number, and e-mail address) | Amount of Support Requested (total project period) |
|--|--|
| The Board of Regents of the University of Wisconsin System Research and Sponsored Programs 750 University Avenue Madison, WI 53706-1490 (608) 262-3822 (608) 262-5111 preaward@rsp.wisc.edu | \$112,880 <i>5/11/2004 10/13/04</i> |
| Period for Which Support is Requested (total project period) | |
| From <u>1-01-04</u> | Through <u>10-31-05</u> |
| Month <u>Day</u> | Month <u>Day</u> |
| Highest Ranking Executive (full name, title, address of CEO, President, Chancellor, or similar officer) | |
| John D. Wiley, Chancellor University of WI-Madison 161 Bascom Hall Madison, WI 53706 | |
| Institution Financial Officer (full name, title, address, telephone number, fax number, and e-mail address) | |
| Robert Andresen Asst Director, Post-Award Services Research and Sponsored Programs 750 University Avenue Madison, WI 53706-1490 (608) 262-2896 (608) 262-5111 fax randresen@rsp.wisc.edu | |
| Authorized Official (full name, title, address, telephone number, fax number, and e-mail address of official authorized to sign for institution) | |
| Diane Barrett Asst Director, Pre-Award Service Research and Sponsored Programs 750 University Avenue Madison, WI 53706-1490 (608) 262-0252 (608) 262-5111 fax preaward@rsp.wisc.edu | |

(NOTE Signature required on page 4)

TAX-EXEMPTION REQUIREMENTS

This form should only be used by a:

- (i) tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code that is a public charity and not a private foundation as described in Section 509(a) of the Code, or that is an exempt operating foundation described in Section 4940(d)(2) of the Code; or
- (ii) a governmental entity described in Section 170(c)(1) of the Code or a public university described in Section 511(a)(2)(B) of the Code.

If your institution is described in one of these categories, please provide the information or documentation of your tax-exempt status as required in the instruction letter. If your institution is not described in one of these categories, please contact the Foundation for the appropriate form. Any questions you have about your tax-exempt status should be directed to the Office of the Vice President, General Counsel and Secretary (609-627-5922).

*The project director is the individual who will be directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the project should a grant be awarded

CONDITIONS OF GRANT

Following are the conditions applying to grants made by The Robert Wood Johnson Foundation ("the Foundation"). You should read these conditions carefully prior to signing this form. Your signature on this form constitutes your acceptance in full of all conditions contained herein. To induce the Foundation to make the grant requested hereby, you ("the grantee") accept and agree to comply with the following conditions in the event that such grant is awarded. As used throughout this form, the term "grant" shall include the income, if any, arising therefrom unless the context otherwise requires.

1 PURPOSE AND ADMINISTRATION. The grant shall be used exclusively for the purposes specified in the grantee's final proposal, the Request for Project Support form on page 1 hereof, and related documents, all as approved by the Foundation.

The grantee will directly administer the project or program being supported by the grant and agrees that no grant funds shall be disbursed to any organization or entity, whether or not formed by the grantee, other than as specifically set forth in the grant proposal referred to above.

2 USE OF GRANT FUNDS.

- A. No part of the grant shall be used to carry on propaganda or otherwise attempt to influence legislation within the meaning of Section 4945(d)(1) of the Internal Revenue Code
- B. No part of the grant shall be used to attempt to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drive within the meaning of Section 4945(d)(2) of the Internal Revenue Code.
- C. No part of the grant shall be used to provide a grant to an individual for travel, study, or similar purpose within the meaning of Section 4945(g) of the Internal Revenue Code, without prior written approval of the Foundation. Payments of salaries, other compensation, or expense reimbursement to employees of the grantee within the scope of their employment do not constitute "grants" for these purposes and are not subject to these restrictions
- D. No part of the grant shall be used for a grant to another organization without prior written approval of the Foundation
- E. No part of the grant shall be used for other than religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code.
- F. The grantee promptly shall repay any portion of the grant which for any reason is not used exclusively for the purposes of the grant. The grantee shall repay to the Foundation any portion of the grant which is not used exclusively for the purposes described in Section 1 hereof within the time specified in the grantee's proposal or within any approved extension of said time period within thirty (30) days after such specified time or such extension. If the Foundation terminates the grant pursuant to Section 11 hereof, the grantee shall repay within thirty (30) days after written request by the Foundation all grant funds unexpended as of the effective date of termination and all grant funds expensed for purposes or items allocable to the period of time subsequent to the effective date of termination. If any portion of the grant is used for purposes other than those described in Section 170(c)(2)(B) of the Internal Revenue Code, the grantee shall repay to the Foundation that portion of the grant and any additional amount in excess of such portion necessary to effect a correction under Section 4945 of the Internal Revenue Code.
- G. If the grantee is directly or indirectly controlled by the Foundation or by one or more "disqualified persons" (within the meaning of Section 4946 of the Internal Revenue Code) with respect to the Foundation, the grantee agrees (i) to expend all of the grant prior to the close of the grantee's first annual accounting period following the taxable year in which the grantee receives a grant payment, as qualifying distributions within the meaning of Section 4942(g)(3) and (h); and (ii) to submit to the Foundation promptly after the close of the grantee's annual accounting period a full and complete written report signed by an appropriate officer, director, or trustee, showing that the qualifying distribution has been made, the name and address of the recipient or recipients, the amounts received by each, and that all the distributions are treated as distributions out of corpus under Section 4942(g)(3) and (h).

3 BUDGET. The grant budget and any revisions thereto shall comply with the Foundation's Budget Preparation Guidelines, Budget Revision Guidelines, and any additional instructions contained in the Treasurer's letter sent by the Foundation to the grantee (collectively the "Budget Guidelines"). Such Budget Guidelines, as they may be modified by the Foundation from time to time, are incorporated herein by this reference. Expenditures of the grant funds must adhere to the specific line items in the grantee's approved grant budget, and transfers among line items (increases and decreases) are permitted only under the conditions and to the extent indicated in the Budget Guidelines.

4. **ACCOUNTING AND AUDIT.** The grantee shall indicate the grant separately on its books of account. The grantee shall maintain a systematic accounting record of the receipt and disbursement of funds and expenditures incurred under the terms of the grant and shall retain the substantiating documents such as bills, invoices, cancelled checks, and receipts in the grantee's files for a period of not less than four (4) years after expiration of the grant period. The grantee agrees promptly to furnish the Foundation with copies of such documents upon the Foundation's request.

The grantee agrees to make its books and records available to the Foundation at reasonable times.

The Foundation, at its expense, may audit or have audited the books and records of the grantee insofar as they relate to the disposition of the funds granted by the Foundation, and the grantee shall provide all necessary assistance in connection therewith.

5. **REPORTS.** Financial reports shall be furnished by the grantee to the Foundation for each budget period of the grant and upon expiration, repayment (pursuant to Section 2F hereof), or termination of the grant (pursuant to Section 11 hereof). The financial report shall show actual expenditures reported as of the date of the report against the approved line item budget. Annual Narrative Reports and Final Narrative Reports shall be furnished by the grantee to the Foundation and shall include a report on the progress made by the grantee toward achieving the grant purposes and any problems or obstacles encountered in the effort to achieve the grant purposes. All such reports shall be furnished to the Foundation within a reasonable period of time after the close of the period for which such reports are made. All such reports shall be retained in the grantee's files for a period of not less than four (4) years after expiration of the grant period.

The Foundation may, at its expense, monitor and conduct an evaluation of operations under the grant, which may include visits by representatives of the Foundation to observe the grantee's program procedures and operations and to discuss the program with the grantee's personnel.

6. **COPYRIGHT, FOUNDATION USE OF DATA, AND PUBLIC USE DATA TAPES.** All copyright interests in materials produced as a result of this grant are owned by the grantee. The grantee hereby grants to the Foundation a nonexclusive, irrevocable, perpetual, royalty-free license to reproduce, publish, republish in print or electronic form, including in electronic databases or in any future form not yet discovered or implemented, copy, summarize, condense, abstract or excerpt, or otherwise use and to license others to use any and all such materials which are or will be produced as a result of this grant, including any and all data collected in connection with the grant in any and all forms in which said data are fixed.

The grantee represents and warrants that the material produced by the grantee under this grant is and will be original and does not and will not infringe upon any statutory or common law copyright, proprietary right, or any other right of any other person, and has not heretofore been published or used in any medium for any purpose.

At any time during the period of this grant, at the Foundation's request, the grantee shall, at no additional cost to the Foundation, cause public use data files to be constructed (with appropriate adjustments to assure individual privacy) in accordance with the specifications of the Inter-University Consortium for Political and Social Research, University of Michigan, including the full documentation outlined in the Consortium's current data preparation manual. Unless the Foundation shall otherwise specify, such public use data files shall include all data files used to conduct the analysis under the grant. The grantee shall transmit one computer-readable copy of such public use data files and documentation to the Consortium upon expiration of the grant period.

7. **PUBLIC REPORTING.** The Foundation will report this grant, if made, in its next Annual Report. The Foundation does not usually issue press releases on individual grants, however, should the Foundation elect to do so, it would discuss the press release with the grantee in advance of dissemination. The grantee may issue its own press announcement but shall seek approval of the announcement from the Foundation before distribution. In addition, the Foundation may prepare reports on the project or program, briefly describing its accomplishments and results, which may be published and distributed, including posting on the Foundation's Internet site, and used by the Foundation to respond to inquiries and for other public information purposes.

The grantee shall send to the Foundation copies of all papers, manuscripts, and other materials which it produces that are related to the project supported by the Foundation.

In all public statements concerning the Foundation—press releases, annual reports, or other announcements—the grantee is specifically requested to refer to the Foundation by its full name: The Robert Wood Johnson Foundation.

8. **GRANTEE TAX STATUS.** The grantee represents that it is currently either (i) a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code and either (a) is not a private foundation described in Section 509(a), or (b) is an exempt operating foundation described in Section 4940(d)(2); or (ii) an organization described in Section 170(c)(1) or Section 511(a)(2)(B). The grantee shall immediately give written notice to the Foundation if the grantee ceases to be exempt from federal income taxation as an organization described in Section 501(c)(3), or its status as not a private foundation under Section 509(a), as an exempt operating foundation described in Section 4940(d)(2), or as a Section 170(c)(1) or Section 511(a)(2)(B) organization is materially changed.

9. CERTIFICATION REQUIRED WHEN GRANT MAY BE USED FOR RESEARCH INVOLVING HUMAN SUBJECTS. If the grant is to be used in whole or in part for research involving human subjects, the grantee hereby certifies that the grantee will conduct the research in compliance with the ethical standards and the criteria for approval of research set forth in United States Department of Health and Human Services policy for the protection of human research subjects (45 CFR part 46 and related policies and protocols, as amended from time to time).

RWJF Financial Monitoring Office Approval:

Jane L. Dahl 11/12/04
Name _____ Date _____

RWJF General Counsel's Office Approval:

Jane C. Wagner 11/23/04
Name _____ Date _____

10. PRIVACY AND SECURITY OF HEALTH INFORMATION. The grantee represents and warrants that any individually identifiable health information used or disclosed in connection with the grant will be obtained in compliance with applicable statutes and regulations regarding the privacy and security of such information, including but not limited to the Health Information Portability and Accountability Act of 1996 ("HIPAA"), Pub. L. 104-191, 110 Stat. 1936, and that in any reporting to the Foundation such data will be de-identified within the meaning of the HIPAA privacy rule or will be otherwise permissible under such law.

11. GRANT TERMINATION. It is expressly agreed that any use by the grantee of the grant proceeds for any purpose other than those specified in Section 170(c)(2)(B) of the Internal Revenue Code will terminate the obligation of the Foundation to make further payments under the grant.

The Foundation, at its sole option, may terminate the grant at any time if (i) the grantee ceases to be exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code; (ii) the grantee's status as not a private foundation under Section 509(a), its status as an exempt operating foundation under Section 4940(d)(2), or its status as a Section 170(c)(1) or Section 511(a)(2)(B) organization is materially altered; or (iii) in the Foundation's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to comply with any of the conditions hereof.

If the grant is terminated prior to the scheduled completion date, the grantee shall, upon request by the Foundation, provide to the Foundation a full accounting of the receipt and disbursement of funds and expenditures incurred under the grant as of the effective date of termination.

12. LIMITATION; CHANGES; SEVERABILITY. It is expressly understood that the Foundation by making this grant has no obligation to provide other or additional support to the grantee for purposes of this project or any other purposes. Any changes, additions, or deletions to (i) the conditions of the grant, or (ii) the proposal referred to in Section 1, must be made in writing only and must be jointly approved by the Foundation and the grantee. The invalidity in whole or in part of any term or condition of this grant shall not affect the validity of the other terms and conditions.

13. CHANGED CIRCUMSTANCES; REGULATORY ACTION. The grantee shall promptly notify the Foundation in writing if there is any change in circumstances that might affect the grantee's ability to carry out the grant; the grantee undergoes a merger, division, or other corporate reorganization; the grantee becomes subject to a proceeding under the Bankruptcy Code or other law relating to insolvency or makes an assignment for the benefit of creditors, the grantee becomes subject to an investigation or proceeding brought by the Attorney General, or any other regulatory agency, or the grantee receives notice of any litigation or other legal action relating to the grant or is served with a subpoena or other legal process seeking to compel production of or obtain access to any data related to the grant.

14. NON-TRANSFERABILITY; NO JOINT VENTURE. This grant is not transferable. Nothing contained herein shall be construed in any manner to imply or create a relationship between the Foundation and the grantee as partners, joint venturers, or of agency. The grantee shall not act in any manner as an agent or representative of the Foundation.

The foregoing conditions are hereby accepted and agreed to as of the date indicated

The Board of Regents of the
Applicant Institution: University of Wisconsin System

Date: 10/7/04

By Diane Barnett
(Signature of Authorized Official)

Title: Asst Director, Pre-Award Services

Date 10/11/04

By Jane L. Dahl
(Signature of Project Director)

Title: Professor of Pharmacology

Source: [Legal > States Legal - U.S. > Wisconsin > Statutes & Regulations > WI - LexisNexis Wisconsin Annotated Statutes](#)

TOC: [Wisconsin Statutes > /.../ > CHAPTER 36. UNIVERSITY OF WISCONSIN SYSTEM > 36.07. Corporate title, officers, meetings, records.](#)

Terms: [36.07 \(Edit Search\)](#)

Wis. Stat. § 36.07

LEXISNEXIS (R) WISCONSIN ANNOTATED STATUTES

*** THIS DOCUMENT IS CURRENT THROUGH ALL 2003 LEGISLATION ***
*** AUGUST 2004 ANNOTATION SERVICE ***

EDUCATIONAL INSTITUTIONS
CHAPTER 36. UNIVERSITY OF WISCONSIN SYSTEM

♦ **GO TO THE CODE ARCHIVE DIRECTORY FOR THIS JURISDICTION**

Wis. Stat. § **36.07** (2003)

36.07. Corporate title, officers, meetings, records.

(1) CORPORATE STATUS AND TITLE. The board and their successors in office shall constitute a body corporate by the name of "Board of Regents of the University of Wisconsin System".

(2) SECRETARY. The board shall appoint a secretary of the board who shall keep a faithful record of all its transactions.

(3) TREASURER. The state treasurer shall be the treasurer of the board, but the board may appoint other persons to receive other moneys that may be due or remitted from any source.

(4) MEETINGS, TIMES, NOTICE. The times for holding the regular annual meeting and such other meetings as are required, and the manner of providing notice for such meetings, shall be determined by the boards bylaws.

(5) ACCESS TO THE BOARD. The board shall provide in its operating policies for access to the board by the public, faculty, students and chancellors.

(6) MEETINGS AND RECORDS PUBLIC. The board meetings shall be open and all records of such meetings and of all proceedings of the board shall be open to inspection in accordance with subchs. II and V of ch. 19.

HISTORY: History: 1973 c. 335; 1975 c. 426 s. 3; 1981 c. 335 s. 26; 1991 a. 39.

Source: [Legal > States Legal - U.S. > Wisconsin > Statutes & Regulations > WI - LexisNexis Wisconsin Annotated Statutes](#)

TOC: [Wisconsin Statutes > /.../ > CHAPTER 36. UNIVERSITY OF WISCONSIN SYSTEM > 36.07. Corporate title, officers, meetings, records.](#)

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**FINAL
PROPOSAL**

51813

**IMPROVING PAIN POLICY THROUGH COLLABORATIONS
WITH THE STATE PAIN INITIATIVES**

Submitted by:

June L. Dahl, PhD
University of Wisconsin-Madison
Medical School
1300 University Avenue, Room 4720
Madison, Wisconsin 53707

September 14, 2004

Summary

The Problem

Despite increased attention to pain management over the last two decades, the under treatment of pain continues to be a major public health concern in the United States. Although a variety of pharmacologic and non-pharmacologic therapies are available, opioid analgesics remain critical for the management of moderate to severe pain, especially pain due to surgery, trauma and cancer. They may also be critical to restoring quality of life and functional status in selected patients with chronic non-cancer pain. In spite of their documented effectiveness, opioids are often underutilized, a factor which has contributed significantly to the under treatment of pain. At times, there has been apprehension surrounding even the routine use of opioids, a fear that has been referred to as "opiophobia."

Unfortunately, in addition to their enormous value as analgesics, opioids have the potential to be abused. As a result their production and distribution is strictly regulated by two overlapping regulatory processes: the federal controlled substances law administered by the Drug Enforcement Administration (DEA) and state statutes and regulations that govern the use of these substances and clinical practice.

All fifty states have promulgated laws and regulations to prevent the diversion and abuse of controlled substances. Some are more stringent than federal regulations. Certain states have implemented special programs to monitor the prescribing and dispensing of controlled substances. These have been a cause of considerable debate between regulators and medical groups with clinicians asserting that these prescription monitoring programs (PMPs) reduce the appropriate prescribing of opioids for pain control and regulators asserting that they reduce drug diversion with little impact on legitimate prescribing.

The first of these were paper-based programs (the so-called triplicate prescription programs) that required physicians to write prescription orders on triplicate forms. One copy stayed with the prescribing clinician, one went to the pharmacist and one went to a state agency. These "paper programs" have been replaced by electronic monitoring systems in which the pharmacist transmits prescribing data electronically to a state agency. Such programs would appear to be less intrusive, yet health care professionals still fear these systems will lead to inappropriate investigation of their practices. Even though their fears appear to be based more on perception than reality, they affect practice. There is evidence that clinical decisions about the use of these drugs continue to be influenced by regulatory policies. Clinicians who practice in states that had triplicate programs seem to be particularly reluctant to prescribe opioids.

Promoting the appropriate use of opioid analgesics should be a priority for all states. This requires greater understanding of the proper use of these drugs by health care professionals and by regulators and law enforcement personnel. It also requires the establishment of a balanced regulatory climate in which prevention of the diversion and abuse of opioids does not interfere with legitimate medical practice. Balance can be achieved when all the stakeholders recognize that this is a shared responsibility and work together to achieve this goal. This is the goal that is addressed in the project outlined below.

The Project

The goal of this *solicited* project is to create a balanced regulatory climate in states and thus reduce the barriers to effective pain control. There are elements in state laws and regulations that can have a negative effect on the appropriate prescribing of opioid analgesics. Yet as stated above, in many instances it is the perceptions of clinicians and regulators and law enforcement personnel such as the DEA that are the larger barriers. Clinicians perceive that regulators are “out to get them” and regulators feel that many physicians are careless with the prescribing and dispensing of opioids and as a result are contributing to the nation’s drug abuse problem. This adversarial climate is very detrimental to patients in pain. Good communication is key to mutual respect and understanding. Enhancing communication among key stakeholders and assuring that they have essential factual information about the role of opioids is at the core of the model regulatory programs we propose to conduct in three states.

We will focus our efforts on the states of Illinois, Indiana and Michigan. Until relatively recently, each of these states had “triplicate prescription programs” to monitor the prescribing and dispensing of opioids. The legacy of these programs is a “negative regulatory climate” in which clinicians have inappropriate fears about the use of opioids for pain control. This project will assist clinicians, regulators and law enforcement personnel to become familiar with the appropriate use of opioids for pain control and with the laws and regulations that govern their use. Legal and regulatory impediments will be identified and processes to remove those impediments will be constructed.

We propose to convene “regulatory summits” in each of these states that will bring key stakeholders together to discuss issues related to the prescribing and dispensing of opioids for pain control. The analysis of state laws and regulations carried out by the Pain & Policy Studies Group at the University of Wisconsin will be important to the design of these summits. We will work in collaboration with the pain initiatives in each of these states; the initiatives are being revitalized under the guidance of the state hospice and palliative care organizations. A \$10,000 contract will be awarded to each of the state initiatives to enable the hiring of a coordinator who will assume responsibility for local arrangements for the state-wide meetings and for some of the post-meeting follow-up activities. The initiatives will be expected to raise matching funds to support the expenses of this project. The coordinator will arrange for a meeting site and handle all details related to the meeting itself such as food, audio visual needs of speakers, registration, and the copying of materials to be distributed. He/she will send the formal invitations to designated participants and serve as the focus of communication with participants. The PI and Project Director will provide the template for the meeting based on those successfully implemented in the States of Connecticut and New Mexico. The report of the Connecticut effort is provided in the Appendix.

Invitees will include representatives of state regulatory boards, the state attorney general, the secretary of the department of health, the deans of the schools of medicine, pharmacy and nursing, recognized pain experts in the state, representatives of state professional organizations, and representatives of health care facility organizations. During the morning of the day-long meetings there will be supportive statements from key state officials and didactic presentations that include descriptions of the under

treatment of pain and its consequences; the extent of the prescription drug diversion problem in the state; and a review of the state's drug laws and regulations. In the afternoon, participants will divide up into workgroups to develop recommendations to promote more effective pain management practices and the appropriate use of opioid analgesics. These may include recommendations for the creation of a state pain task force; the adoption of specific policy statements by the regulatory boards; legislative action to eliminate specific regulatory barriers; legislation to mandate professional education in pain; and/or recommendations that address any inadequacies in existent electronic prescription monitoring programs. The "culture" of the state and the ways in which policy is implemented will determine the nature of the recommendations. After the state-wide meeting, the PI and Project Director will work with the state coordinator to facilitate implementation of the recommendations from the meeting. The Project Director will also work with the state coordinator to assure appropriate media coverage of the meeting.

Measures of Success

This project will be considered a success if the state-wide meeting results in the development and implementation of key recommendations that have a positive influence on pain management policies in the state. We will consider it successful if one or more of the following objectives is achieved:

- The state's medical, pharmacy and nursing boards adopt policy statements that are similar to the one issued by the Federation of State Medical Boards (Appendix A)
- The state's medical, pharmacy and nursing boards establish regular communication with practicing clinicians to inform them of their policy relating to the use of opioids for pain control
- The state adopts a long-range plan to promote effective pain control
- The state takes action to recognize and remove documented barriers to effective pain control that exist within current laws and regulations
- The results of the work are published in a peer-reviewed journal so as to promote the implementation of similar regulatory programs in other states

The Future of the Project

It is our hope that the meeting and follow-up activities will provide the impetus for a sustained commitment to balance from all of the key stakeholders: clinicians, regulators and law enforcement personnel. We anticipate that the activities surrounding the planning and implementation of the meeting will strengthen the pain initiatives in the states that are involved in these efforts as individuals and organizations work together to achieve an objective critical to assuring appropriate pain management for all citizens.

Ingram, James

From: Larkin, Michelle
Sent: Tuesday, November 23, 2004 8:56 AM
To: Ingram, James
Subject: FW: Subject: ID #51813

-----Original Message-----

From: June Dahl [mailto:jldahl@wisc.edu]
Sent: Monday, November 22, 2004 6:36 PM
To: Larkin, Michelle
Subject: Subject: ID #51813

Michelle A. Larkin, RN, MS
Senior Program Officer
The Robert Wood Johnson Foundation
Route 1 & College Road East
Princeton, NJ 08543

Dear Michelle,

Please be assured that there will be no lobbying conducted with the funds provided by the grant cited above. The purpose of the grant is to bring together clinicians and members of the law enforcement and drug regulatory communities to dialog about the impact of laws and regulations on physicians' use of opioid analgesics for the treatment of pain. Our goal is to increase communication between these groups and in so doing eliminate barriers to effective pain control. Physician fears of regulatory scrutiny is based more on perception than reality. We also need to assist regulators and members of the law enforcement community to understand the appropriate role of opioids for pain control. We will not be working to change regulations or statutes but to enhance and improve understanding and communication between the groups that prescribe and dispense opioids and those charged with enforcing the laws and regulations.

Prof. June L. Dahl
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Model Policy for the Use of Controlled Substances for the Treatment of Pain

Federation of State Medical Boards of the United States, Inc.

The recommendations contained herein were adopted as policy by the House of Delegates of the Federation of State Medical Boards of the United States, Inc., May 2004

Introduction

The Federation of State Medical Boards (the Federation) is committed to assisting state medical boards in protecting the public and improving the quality and integrity of health care in the United States. In 1997, the Federation undertook an initiative to develop model guidelines and to encourage state medical boards and other health care regulatory agencies to adopt policy encouraging adequate treatment, including use of opioids when appropriate for patients with pain. The Federation thanks the Robert Wood Johnson Foundation for awarding a grant in support of the original project, and the American Academy of Pain Medicine, the American Pain Society, the American Society of Law, Medicine, & Ethics, and the University of Wisconsin Pain & Policy Studies Group for their contributions.

Since adoption in April 1998, the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* have been widely distributed to state medical boards, medical professional organizations, other health care regulatory boards, patient advocacy groups, pharmaceutical companies, state and federal regulatory agencies, and practicing physicians and other health care providers. The *Model Guidelines* have been endorsed by the American Academy of Pain Medicine, the Drug Enforcement Administration, the American Pain Society, and the National Association of State Controlled Substances Authorities. Many states have adopted pain policy using all or part of the *Model Guidelines*.¹ Despite increasing concern in recent years regarding the abuse and diversion of controlled substances, pain policies have improved due to the efforts of medical, pharmacy, and nursing regulatory boards committed to improving the quality of and access to appropriate pain care.

Notwithstanding progress to date in establishing state pain policies recognizing the legitimate uses of opioid analgesics, there is a significant body of evidence suggesting that both acute and chronic pain continue to be undertreated. Many terminally ill patients unnecessarily experience moderate to severe pain in the last weeks of life.² The undertreatment of pain is recognized as a serious public health problem that results in a decrease in patients' functional status and quality of life and may be attributed to a myriad of social, economic, political, legal and educational factors, including inconsistencies and restrictions in state pain policies.³ Circumstances that contribute to the prevalence of undertreated pain include: (1) lack of knowledge of medical standards, current research, and clinical guidelines for appropriate pain treatment; (2) the perception that prescribing adequate amounts of controlled substances will result in unnecessary scrutiny by regulatory authorities; (3) misunderstanding of addiction and dependence; and (4) lack of understanding of regulatory policies and processes. Adding to this problem is the reality that the successful implementation of state medical board pain policy varies among jurisdictions.

In April 2003, the Federation membership called for an update to its *Model Guidelines* to assure currency and adequate attention to the undertreatment of pain. The goal of the revised model policy is to provide state medical boards with an updated template regarding the appropriate management of pain in compliance with applicable state and federal laws and regulations. The revised policy notes that the state medical board will

consider inappropriate treatment. Case: 1:17-md-02804-JAD Document 2801-6 Filed 08/15/19 Page 68 of 99 Page ID #: 395629
of practice. The title of the policy has been changed from *Model Guidelines* to *Model Policy* to better reflect the practical use of the document.

The *Model Policy* is designed to communicate certain messages to licensees: that the state medical board views pain management to be important and integral to the practice of medicine; that opioid analgesics may be necessary for the relief of pain; that the use of opioids for other than legitimate medical purposes poses a threat to the individual and society; that physicians have a responsibility to minimize the potential for the abuse and diversion of controlled substances; and that physicians will not be sanctioned solely for prescribing opioid analgesics for legitimate medical purposes. This policy is not meant to constrain or dictate medical decision-making.

Through this initiative, the Federation aims to achieve more consistent policy in promotion of adequate pain management and education of the medical community about treating pain within the bounds of professional practice and without fear of regulatory scrutiny. In promulgating this *Model Policy*, the Federation strives to encourage the legitimate medical uses of controlled substances for the treatment of pain while stressing the need to safeguard against abuse and diversion.

State medical boards are encouraged, in cooperation with their state's attorney general, to evaluate their state pain policies, rules, and regulations to identify any regulatory restrictions or barriers that may impede the effective use of opioids to relieve pain. Accordingly, this *Model Policy* has been revised to emphasize the professional and ethical responsibility of the physician to assess patients' pain as well as to update references and definitions of key terms used in pain management.

The *Model Policy* is not intended to establish clinical practice guidelines nor is it intended to be inconsistent with controlled substance laws and regulations.

1. As of January 2004, 22 of 70 state medical boards have policy, rules, regulations or statutes reflecting the Federation's *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* and two (2) states have formally endorsed the *Model Guidelines*.
- 2 SUPPORT Study Principal Investigators. A controlled trial to improve care for seriously ill hospitalized patients: *JAMA*, 274(20) (1995): p. 1591-1598.
- 3 A.M. Gilson, D.E. Joranson, and M.A. Mauer, Improving Medical Board Policies: Influence of a Model, *J of Law, Medicine, and Ethics*, 31 (2003): p. 128.

Model Policy for the Use of Controlled Substances for the Treatment of Pain

Section I: Preamble

The (name of board) recognizes that principles of quality medical practice dictate that the people of the State of (name of state) have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. For the purposes of this policy, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments.

The diagnosis and treatment of pain is integral to the practice of medicine. The Board encourages physicians to view pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially urgent for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about assessing patients' pain and effective methods of pain treatment, as well as statutory

requirements for prescribing controlled substances. Case 1:17-md-02804-DAP Document 2394-6 Filed 08/15/19 Page 10 of 99 Page ID #: 395630
Case 1:17-md-02804-DAP Document 2394-6 Filed 08/15/19 Page 10 of 99 Page ID #: 395630
The Board's position on pain control, particularly as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.

Inappropriate pain treatment may result from physicians' lack of knowledge about pain management. Fears of investigation or sanction by federal, state and local agencies may also result in inappropriate treatment of pain. Appropriate pain management is the treating physician's responsibility. As such, the Board will consider the inappropriate treatment of pain to be a departure from standards of practice and will investigate such allegations, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis.

The Board recognizes that controlled substances including opioid analgesics may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. The Board will refer to current clinical practice guidelines and expert review in approaching cases involving management of pain. The medical management of pain should consider current clinical knowledge and scientific research and the use of pharmacologic and non-pharmacologic modalities according to the judgment of the physician. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

The (name of board) is obligated under the laws of the State of (name of state) to protect the public health and safety. The Board recognizes that the use of opioid analgesics for other than legitimate medical purposes pose a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Accordingly, the Board expects that physicians incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

Physicians should not fear disciplinary action from the Board for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the course of professional practice. The Board will consider prescribing, ordering, dispensing or administering controlled substances for pain to be for a legitimate medical purpose if based on sound clinical judgment. All such prescribing must be based on clear documentation of unrelieved pain. To be within the usual course of professional practice, a physician-patient relationship must exist and the prescribing should be based on a diagnosis and documentation of unrelieved pain. Compliance with applicable state or federal law is required.

The Board will judge the validity of the physician's treatment of the patient based on available documentation, rather than solely on the quantity and duration of medication administration. The goal is to control the patient's pain while effectively addressing other aspects of the patient's functioning, including physical, psychological, social and work-related factors.

Allegations of inappropriate pain management will be evaluated on an individual basis. The board will not take disciplinary action against a physician for deviating from this policy when contemporaneous medical records document reasonable cause for deviation. The physician's conduct will be evaluated to a great extent by the outcome of pain treatment, recognizing that some types of pain cannot be completely relieved, and by taking into account whether the drug used is appropriate for the diagnosis, as well as improvement in patient functioning and/or quality of life.

Section II: Guidelines

The Board has adopted the following criteria when evaluating the physician's treatment of pain, including the

Evaluation of the Patient—A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

Treatment Plan—The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Informed Consent and Agreement for Treatment—The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including

urine/serum medication levels screening when requested;
number and frequency of all prescription refills; and
reasons for which drug therapy may be discontinued (e.g., violation of agreement).

Periodic Review—The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

Consultation—The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

Medical Records—The physician should keep accurate and complete records to include

1. the medical history and physical examination,
2. diagnostic, therapeutic and laboratory results,
3. evaluations and consultations,
4. treatment objectives,
5. discussion of risks and benefits,

7. treatments,
8. medications (including date, type, dosage and quantity prescribed),
9. instructions and agreements and
10. periodic reviews.

Records should remain current and be maintained in an accessible manner and readily available for review.

Compliance With Controlled Substances Laws and Regulations—To prescribe, dispense or administer controlled substances, the physician must be licensed in the state and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and (any relevant documents issued by the state medical board) for specific rules governing controlled substances as well as applicable state regulations.

Section III: Definitions

For the purposes of these guidelines, the following terms are defined as follows:

Acute Pain—Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

Addiction—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Chronic Pain—Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Pain—An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence—Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction—The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.

Substance Abuse—Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance—Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Click here

to submit comments about this FSMB policy.

1
12



December 4, 2006

Robert Wood Johnson Foundation

June L Dahl, Ph D.
Professor

Department of Pharmacology
University of Wisconsin School of Medicine and Public Health
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Dear Dr. Dahl.

I am writing in reference to your Robert Wood Johnson Foundation grant identified below.

| | |
|---------------------|--|
| I.D. | 051813 |
| Amount | \$112,880 |
| Purpose | Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement |
| Project Information | Grant Period. December 1, 2004 through March 31, 2007 Project Director. June L Dahl, Ph D , 608-262-0978 (jldahl@facstaff.wisc.edu) |

We have reviewed and approved your extension request for the period December 1, 2006, through March 31, 2007. Enclosed is a copy of your financial reporting form with your approved budget of \$19,103 for use when reporting expenditures

We are also approving your budget revision for the period December 1, 2005, through October 31, 2006. Enclosed is a revised financial reporting form reflecting your approved budget of \$49,172 You appeared to report expenses to date for this period, therefore we reviewed and accepted this as your annual financial report. We note that cumulative expenditures as of November 30, 2006, have been \$93,770 The Foundation has made payments to date totaling \$101,600, leaving you a cash balance of \$7,830. No payment will be made at this time We expect the balance of the award payment to be made once the final reports are submitted

Your final financial and narrative reports are now due on April 30, 2007.

If you need further assistance, please contact me at 609-627-7574

Sincerely,

A handwritten signature in black ink that reads "Karen O. Rowden".

Karen O. Rowden
Grants Administrator

KOR . kor
Enclosure

cc: Robert C. Andresen
Michelle A. Larkin, R.N., M.S.

FINANCIAL REPORT
The Robert Wood Johnson Foundation

P O Box 2316
Princeton, NJ 08543-2316
Phone (609) 452-8701 Fax (609) 627-6416

| | | | |
|---|---|---------------------------------------|------------------------------|
| 051813 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement | Project Director : Financial Officer: | June L. Dahl Robert C. Andresen | 608-262-0978 608-262-2896 |
| University of Wisconsin School of Medicine and Public Health | Program Officer: Senior Officer: | Michelle A. Larkin Rosemary Gibson | |
| Budget Period: 12/01/2006 to 03/31/2007 | Grants Administrator: | Karen O. Rowden | |
| Project Period: 12/01/2004 to 03/31/2007 | Grants Administrative Assistant: Communications Officer: | Lola Johnston-Domer Paul Tarni | |
| Budget for Period: 3 Reporting Periods: 1 to 1 | | | |
| Revised: 12/08/2006 Lola Johnston-Domer | | | |

EXPENDITURES

| Item | Approved | Period 1 |
|------|---------------|-------------|
| | Budget Amount | 12/06-03/07 |

PERSONNEL

| | |
|------------------------|---------------|
| Principal Investigator | 1,846 |
| Grant Manager | 5,148 |
| Project Director | 8,495 |
| PERSONNEL TOTAL | 15,489 |

OFFICE OPERATIONS

| | |
|--------------------------------|-----------|
| Supplies | 37 |
| OFFICE OPERATIONS TOTAL | 37 |

| | |
|------------------------|--------------|
| CONTRACTS | 2,000 |
| CONTRACTS TOTAL | 2,000 |

| | |
|-----------------------------|--------------|
| INDIRECT COSTS | 1,577 |
| INDIRECT COSTS TOTAL | 1,577 |

| | |
|--------------------|---------------|
| Grand Total | 19,103 |
|--------------------|---------------|

November 20, 2006

BUDGET REVISION & REQUEST FOR EXTENSION YEAR TWO-THREE

**IMPROVING PAIN MANAGEMENT POLICY THROUGH COLLABORATION OF
CLINICIANS, REGULATORS AND LAW ENFORCEMENT**

Grant ID # 051813

December 1, 2005 – March 31, 2007

Total Award: \$112,880

Goal of Project:

The goal of this project is to create a balanced regulatory climate in states and thus reduce the barriers to effective pain control.

Principal Investigator:

**June L. Dahl, PhD
University of Wisconsin-Madison
1300 University Ave, Room 4720
Madison, WI 53706
(608)265-4012
jldahl@wisc.edu**

The Robert Wood Johnson Foundation
Line Item Budget Revision Proposal-Year Two
Grant Period: 12/1/04 to 11/30/06
Budget Period: 12/1/05 to 11/30/06

| | | | <i>Approved Budget</i> | <i>Requested Revision</i> | <i>Proposed Budget</i> | <i>↓ Expenses to date (10/31/06)</i> |
|--|------------------------|--------|----------------------------|-------------------------------|----------------------------|--|
| I. Personnel | | | | | | |
| Name | Position | % Time | | | | |
| June Dahl | Principal Investigator | | \$6,720 | (\$2,389) | \$4,331 | \$4,331 |
| Mary Skemp Brown | Grant Manager | | \$1,670 | \$0 | \$1,670 | \$1,670 |
| Matt Bromley | Project Director | | \$16,533 | (\$6,613) | \$9,920 | \$9,920 |
| Fringe benefits 34% (all salaries were paid prior to 7/2/06) | | | Subtotal | \$24,923 | (\$9,002) | \$15,921 |
| | | | | | | |
| II. Other Direct Costs | | | | | | |
| Office Operations | | | | | | |
| <i>Supplies</i> | | | \$2,023 | (\$1,402) | \$621 | \$621 |
| <i>Telephone</i> | | | \$1,000 | (\$1,000) | \$0 | \$0 |
| <i>Postage</i> | | | \$500 | (\$500) | \$0 | \$0 |
| <i>Travel</i> | | | \$4,191 | (\$1,685) | \$2,506 | \$2,506 |
| | | | Subtotal | \$7,714 | (\$4,587) | \$3,127 |
| III. Contracts | | | | | | |
| | | | \$30,000 | (\$2,000) | \$28,000 | \$28,000 |
| V. Indirect Costs (9%) | | | | | | |
| | | | \$5,638 | (\$3,514) | \$2,124 | \$2,124 |
| TOTAL REVISED YEAR THREE | | | \$68,275 | (\$19,103) | \$49,172 | \$49,172 |

W/Lere 11/13/06

The Robert Wood Johnson Foundation

Budget Narrative – Year Three

Grant Period: 12/1/04 to 3/31/07

Budget Period: 12/1/05 to 11/30/06

I. PERSONNEL

Principal Investigator, June L. Dahl, PhD, 10% (3 months)

Dr. Dahl will oversee the design and implementation of the major components of the project. She will assist the Project Director in the design and conduct of the meetings that will bring clinicians, regulators and law enforcement personnel together to clarify issues surrounding the use of opioid analgesics for pain control in each of three states. She will also facilitate the development of position statements from the state regulatory boards as well as enhanced communication from them to their licensers. She will be responsible for the submission of results of the meetings and consequent actions to a peer-reviewed journal.

Project Director, Matt Bromley, BA, 60% (3 months)

Mr. Bromley will have primary responsibility for implementation of the educational intervention in the states. He will provide templates for implementation activities to each of the State Pain Initiatives, provide advice and consultation during the process of planning the state-wide meetings, develop drafts of policy statements for consideration by regulatory authorities, and facilitate media coverage of the events. Mr. Bromley has an outstanding history of success in helping to facilitate dialog between clinicians and regulators in the states.

Grant Manager, Marty Skemp Brown, MBA 10% (3 months)

The Grant Manager will work directly with all project team members to assure that project goals are being met. The PI and Project Director will report their progress to Ms. Skemp Brown and she will produce viable timelines and project goal checkpoints. She will also be responsible for issuing and managing the contracts to the three State Pain Initiatives. Ms. Skemp will be responsible for the annual/final grant and budget reports.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

| <u>Title</u> | <u>Salary</u> | <u>Fringe Rate</u> | <u>Fringes</u> |
|------------------------|---------------|--------------------|----------------|
| Principal Investigator | \$3,231 | 34.0% | \$1,099 |
| Media/PR Director | \$7,403 | 34.0% | \$2,517 |
| Grant Manager | \$1,246 | 34.0% | \$424 |
| Total Fringe | | | \$4,040 |

II. OTHER DIRECT COSTS

Office Operations

Supplies - The approved supply budget was \$2,023. Most supplies were covered by other funds in this period. We have spent a total of \$621 and ask that of the remaining \$1,402, \$37 be carried over to Year Three supplies and \$1,365 be carried over to Year Three personnel.

Telephone - The approved telephone budget was \$1,000. Phone costs were covered by other sources during this period. We request the \$1,000 be carried over to Year Three personnel.

Postage - The total approved postage budget was \$500. Most communication during this period was conducted via phone, email and fax. We request the \$500 be carried over to Year Three personnel.

Project Staff Travel

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$4,191 was allocated to cover the travel for the Media/PR Director and PI to attend the three the remaining regulatory meetings. A total of \$2,506 was spent on travel in Year Two: \$186 expended for the Project Director's travel to the Florida for a planning meeting; a total of \$720 was spent on the Project Director and PI's travel to the Texas to assist in planning the Texas Pain Summit; and \$1,599 was spent on the Project Director and ASPI Director's travel to the Texas Pain Summit. We request the remaining \$1,685 be carried over to Year Three personnel.

III. CONTRACTS

A total of \$30,000 was allocated for contracts to three State Pain Initiatives to cover the costs of personnel and conference planning for a policy/ regulatory program. Of that amount, \$28,000 has been expended and the remaining \$2,000 will be paid out in Year Three.

IV. INDIRECT COSTS

Indirect costs are calculated at 9% of budget categories I, II and III for a total of \$2,124.

The Robert Wood Johnson Foundation
Line Item Budget Extension Proposal-Year Three
Grant Period: 12/1/04 to 3/31/07
Budget Period: 12/1/06 to 3/31/07 (4 months)

| | | | <i>Proposed Budget</i> |
|---------------------------------|------------------------|-----------------|----------------------------|
| I. Personnel | | | |
| Name | Position | % Time | |
| June Dahl | Principal Investigator | 4% | \$1,846 |
| Mary Skemp Brown | Grant Manager | 30% | \$5,148 |
| Matt Bromley | Project Director | 50% | \$8,495 |
| Fringe benefits | 34% | Subtotal | \$15,489 |
| II. Other Direct Costs | | | |
| Office Operations | | | |
| | <i>Supplies</i> | | \$37 |
| | | Subtotal | \$37 |
| III. Contracts | | | \$2,000 |
| V. Indirect Costs (9%) | | | \$1,577 |
| TOTAL PROPOSED YEAR FOUR | | | \$19,103 |

1/10/07
11/30/06

The Robert Wood Johnson Foundation

Budget Narrative

Grant Period: 12/1/04 to 11/30/06

Budget Period: 12/1/05 to 3/31/07

I. PERSONNEL

Principal Investigator, June L. Dahl, PhD, 4% (3 months)

Dr. Dahl will continue to oversee the design and implementation of the major components of the project. She will also facilitate the development of position statements from the state regulatory boards from state regulatory boards as well as enhanced communication from them to their licensers. She will be responsible for the submission of results of the meetings and consequent actions to a peer-reviewed journal.

Project Director, Matt Bromley, BA, 50% (3 months)

Mr. Bromley has had primary responsibility for implementation of the educational intervention in the states. He will continue to provide advice and consultation following the state-wide meetings. Mr. Bromley has an outstanding history of success in helping to facilitate dialog between clinicians and regulators in the states.

Grant Manager, Marty Skemp Brown, MBA 30% (3 months)

The Grant Manager will work directly with all project team members to assure that project goals are being met. The PI and Project Director will report their progress to Ms. Skemp Brown and she will produce viable timelines and project goal checkpoints. She will also be responsible for maintaining the contracts to the three State Pain Initiatives and assuring payment to the recipients. Ms. Skemp will be responsible for the annual/final grant and budget reports.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

| <u>Title</u> | | <u>Salary</u> | <u>Fringe Rate</u> | <u>Fringes</u> |
|------------------------|--|---------------|--------------------|----------------|
| Principal Investigator | | \$1,367 | 35% | \$479 |
| Grant Manager | | \$3,813 | 35% | \$1,335 |
| Media/PR Director | | \$6,293 | 35% | \$2,202 |
| Total Fringe | | | | \$4,016 |

II. OTHER DIRECT COSTS

Office Operations

Supplies - The approved supply budget is \$37. The supplies requested include paper and toner.

III. CONTRACTS

A total of \$2,000 is requested to complete the payment of contracts to the State Pain Initiatives for support of their regulatory programs.

IV. INDIRECT COSTS

Indirect costs are calculated at 9% of budget categories I, II and III for a total of \$1,577.

51813

Budget Proposal

Grant Period: (from 3/1/2005 to 2/28/2006)

Budget Period: (from 3/1/2005 to 2/28/2006)

12/1/04 - 11/30/05

I. Personnel

| Name | Position | Proposed Amount |
|------------------------|------------------------------|--------------------------|
| June Dahl* | Principal Investigator (10%) | \$17,787 |
| Mary Skemp Brown* | Grant Manager (10%) | \$6,630 |
| Matt Bromley* | Project Director (60%) | \$39,384 |
| Fringe benefits (*33%) | | Subtotal \$63,801 |

II. Other Direct costs

| | | |
|------------------|-----------------|----------------|
| Office | | |
| Operations | | |
| <i>Supplies</i> | | \$500 |
| <i>Printing</i> | | \$1,000 |
| <i>Postage</i> | | \$500 |
| <i>Telephone</i> | | \$3,252 |
| Travel | | \$4,500 |
| | Subtotal | \$9,752 |

III. Contracts/Consultants \$30,000**IV. Indirect Costs (9%)** \$9,320**Total** \$112,873

112,880

SXK
10/18/04

FINAL BUDGET : 112,880

12/1/04 - 11/30/05

51813

Budget Narrative

Grant Period: 03/01/05 – 02/28/06
 Budget Period: 03/01/05 – 02/28/06

I. PERSONNEL**Principal Investigator, June L. Dahl, PhD, 10%**

Dr. Dahl will oversee the design and implementation of the major components of the project. She will assist the Project Director in the design and conduct of the meetings that will bring clinicians, regulators and law enforcement personnel together to clarify issues surrounding the use of opioid analgesics for pain control in each of three states. She will also facilitate the development of position statements from the state regulatory boards from state regulatory boards as well as enhanced communication from them to their licensers. She will be responsible for the submission of results of the meetings and consequent actions to a peer-reviewed journal. We request 10% of Dr. Dahl's salary and fringe benefits.

Project Director, Matt Bromley, BA, 60%

Mr. Bromley will have primary responsibility for implementation of the educational intervention in the states. He will provide templates for implementation activities to each of the State Pain Initiatives, provide advice and consultation during the process of planning the state-wide meetings, develop drafts of policy statements for consideration by regulatory authorities, and facilitate media coverage of the events. Mr. Bromley has an outstanding history of success in helping to facilitate dialog between clinicians and regulators in the states. We request 60% of Mr. Bromley's salary and fringe benefits.

Grant Manager, Marty Skemp Brown, MBA 10%

The Grant Manager will work directly with all project team members to assure that project goals are being met. The PI and Project Director will report their progress to Ms. Skemp Brown and she will produce viable timelines and project goal checkpoints. She will also be responsible for issuing the contracts to the three State Pain Initiatives. Ms. Skemp will be responsible for the annual/final grant and budget reports. We request 10% of her salary and fringe.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

| <u>Title</u> | <u>Salary</u> | <u>Fringe Rate</u> | <u>Fringes</u> |
|------------------------|---------------|--------------------|----------------|
| Principal Investigator | \$13,374 | 33.0% | \$4,413 |
| Media/PR Director | \$ 8,320 | 33.0% | \$2,662 |
| Grant Manager | \$ 4,985 | 33.0% | \$1,645 |
| Total Fringe | | | \$8,720 |

II. OTHER DIRECT COSTS

Office Operations

Supplies - The requested supply budget is \$500. The supplies requested include paper, pens, pencils, tape, toner, diskettes, file folders, meeting folders, labels, bubble envelopes, and other shipping supplies.

Printing - The requested printing budget is \$1,000. This is to cover the costs of printing materials for the conferences.

Telephone - The requested telephone budget is \$3,252. This includes the cost of yearly rental and usage charges of \$488 for each of 3 lines, and voice mailboxes for each line at \$8 per month. We anticipate 2 conference calls per state (3) for a total of 6 calls at \$250 per call.

Postage - The total requested postage budget is \$500. This includes postage to mail meeting materials to conference sites and meeting coordinators.

Project Staff Travel

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$1,500 per conference (3) is requested to cover the travel for the Media/PR Director and PI to attend (\$750 per person).

III. CONTRACTS

A total of \$30,000 is requested for contracts. Three states will be awarded \$10,000 each to cover the costs of personnel and conference planning for a policy/ regulatory program. The State Initiative coordinator will assume responsibility for local arrangements for the state-wide meetings and for some of the post-meeting follow-up activities (see Measures of Success in proposal). The coordinator will arrange for a meeting site and handle all details related to the meeting itself such as food, audio visual needs of speakers, registration, and the copying of materials to be distributed. He/she will send the formal invitations to designated participants and serve as the focus of communication with participants.

IV. INDIRECT COSTS

Indirect costs are calculated at 9% of budget categories I, II and III for a total of \$9,320.

THE
ROBERT WOOD
JOHNSON
FOUNDATION.®

December 29, 2005

June L. Dahl, Ph.D.
Professor
Department of Pharmacology
University of Wisconsin School of Medicine and Public Health
1300 University Avenue, Room 4715
Madison, WI 53706-1510

Dear Dr. Dahl:

I am writing in reference to your Robert Wood Johnson Foundation grant identified below.

I.D. 051813
Amount: \$112,880
Purpose: Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement
Project Dates: December 1, 2004 through November 30, 2005
Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu)

We have reviewed and approved your extension request for the period December 1, 2005 through November 30, 2006. Enclosed is a copy of your financial reporting form with your approved budget of \$68,265 for use when reporting expenditures.

If your cumulative expenditures and extension budget exceed the total award amount, you will need to reduce and resubmit both your extension budget and budget narrative. Your annual financial and narrative reports will now be due on December 31, 2005. Your final financial and narrative reports are due on December 31, 2006.

If you need further assistance, please contact me at 609-627-7695.

Sincerely,

Betty A. Dixon

Betty A. Dixon
Grants Administrator

BAD : bad
Enclosure

cc: Robert Andersen
Michelle A. Larkin, R.N., M.S.

**IMPROVING PAIN POLICY THROUGH COLLABORATIONS
WITH THE STATE PAIN INITIATIVES
REQUEST FOR NO-COST EXTENSION**

**BUDGET AND BUDGET NARRATIVE
12/1/04 - 11/30/06**

Grant #051813

Submitted By:

June L. Dahl, PhD
University of Wisconsin-Madison
Medical School
1300 University Avenue, Room 4720
Madison, Wisconsin 53706

November 2005

Budget Proposal

Grant Period: 12/1/04 to 11/30/06

Budget Period: 12/1/05 to 11/30/06

I. Personnel

| <i>Name</i> | <i>Position</i> | <i>Requeste d</i> | <i>Revision</i> |
|-----------------------|--|-----------------------|-----------------|
| June Dahl | Principal Investigator (10%) 12 (3 mos) | \$6,720 | |
| Mary Skemp Brown | Grant Manager (10%) 12 (3 mos) | \$1,670 | |
| Matt Bromley | Project Director (60%) 12 (3 mos) | \$16,533 | |
| Fringe benefits (34%) | Subtotal | \$24,923 | |

II. Other Direct costs**Office Operations**

| | |
|------------------|----------------|
| <i>Supplies</i> | \$2,014 |
| <i>Printing</i> | \$1,000 |
| <i>Postage</i> | \$500 |
| <i>Telephone</i> | \$0 |
| Travel | \$4,191 |
| Subtotal | \$7,705 |

| | |
|-----------------------------------|-----------------|
| III. Contracts/Consultants | \$30,000 |
|-----------------------------------|-----------------|

| | |
|--------------------------------|----------------|
| IV. Indirect Costs (9%) | \$5,637 |
|--------------------------------|----------------|

| | |
|--------------|-----------------|
| Total | \$68,265 |
|--------------|-----------------|

Budget Narrative

Grant Period: 12/1/04 to 11/30/06

Budget Period: 12/1/05 to 11/30/06

I. PERSONNEL**Principal Investigator, June L. Dahl, PhD, 10%**

Dr. Dahl will oversee the design and implementation of the major components of the project. She will assist the Project Director in the design and conduct of the meetings that will bring clinicians, regulators and law enforcement personnel together to clarify issues surrounding the use of opioid analgesics for pain control in each of three states. She will also facilitate the development of position statements from the state regulatory boards from state regulatory boards as well as enhanced communication from them to their licensers. She will be responsible for the submission of results of the meetings and consequent actions to a peer-reviewed journal. We request 10% of Dr. Dahl's salary and fringe benefits.

Project Director, Matt Bromley, BA, 60%

Mr. Bromley will have primary responsibility for implementation of the educational intervention in the states. He will provide templates for implementation activities to each of the State Pain Initiatives, provide advice and consultation during the process of planning the state-wide meetings, develop drafts of policy statements for consideration by regulatory authorities, and facilitate media coverage of the events. Mr. Bromley has an outstanding history of success in helping to facilitate dialog between clinicians and regulators in the states. We request 60% of Mr. Bromley's salary and fringe benefits.

Grant Manager, Marty Skemp Brown, MBA 10%

The Grant Manager will work directly with all project team members to assure that project goals are being met. The PI and Project Director will report their progress to Ms. Skemp Brown and she will produce viable timelines and project goal checkpoints. She will also be responsible for issuing the contracts to the three State Pain Initiatives. Ms. Skemp will be responsible for the annual/final grant and budget reports. We request 10% of her salary and fringe.

FRINGE BENEFITS - Fringe benefits are provided by the State of Wisconsin and administered by the University of Wisconsin System. These include optional income continuation insurance, unemployment compensation, worker's compensation, social security, health insurance, retirement, and ERA administration.

| <u>Title</u> | <u>Salary</u> | <u>Fringe Rate</u> | <u>Fringes</u> |
|------------------------|---------------|--------------------|----------------|
| Principal Investigator | \$5,015 | 34% | \$1,705 |
| Media/PR Director | \$12,338 | 34% | \$4,195 |
| Grant Manager | \$1,246 | 34% | \$424 |
| Total Fringe | | | \$10,078 |

II. OTHER DIRECT COSTS

Office Operations

Supplies - The requested supply budget is \$2,014. The supplies requested include paper, pens, pencils, tape, toner, diskettes, file folders, meeting folders, labels, bubble envelopes, and other shipping supplies.

Printing - The requested printing budget is \$1,000. This is to cover the costs of printing materials for the conferences.

Telephone – Telephone costs will be covered by other funds.

Postage - The total requested postage budget is \$500. This includes postage to mail meeting materials to conference sites and meeting coordinators.

Project Staff Travel

University of Wisconsin-Madison travel regulations and per diems were used to estimate travel costs. A total of \$1,500 per conference (3) is requested to cover the travel for the Media/PR Director and PI to attend (\$750 per person). The remaining budget for Year Two is \$4,191.

III. CONTRACTS

A total of \$30,000 is requested for contracts. Three states will be awarded \$10,000 each to cover the costs of personnel and conference planning for a policy/ regulatory program. The State Initiative coordinator will assume responsibility for local arrangements for the state-wide meetings and for some of the post-meeting follow-up activities (see Measures of Success in proposal). The coordinator will arrange for a meeting site and handle all details related to the meeting itself such as food, audio visual needs of speakers, registration, and the copying of materials to be distributed. He/she will send the formal invitations to designated participants and serve as the focus of communication with participants.

IV. INDIRECT COSTS

Indirect costs are calculated at 9% of budget categories I, II and III for a total of \$5,637.

Dixon, Betty

From: Marty Skemp [mmskemp@wisc.edu]
Sent: Thursday, December 29, 2005 10:44 AM
To: Dixon, Betty
Subject: Grant 051813
Importance: High
Attachments: RWJ Pain Policy Grant Request for Extension 05Revised.doc

Hi Betty,

I think I uncovered the problem. My computer crashed around the time I sent the budget revision to you and the changes I had made had not been saved. I have corrected everything including the budget and have attached the revised version. The extension request is until November 30, 2006 to allow for the payment of the three \$10,000 contracts to Initiatives. These contracts are made between the UW and the individual Initiatives and include a Memorandum of Understanding, budget, etc that we oversee. Please let me know if you have other questions.

Thanks Betty!

Marty

Marty (Mary) Skemp Brown, MBA
Associate Director
American Alliance of Cancer Pain Initiatives
University of Wisconsin-School of Medicine and Public Health
1300 University Ave, Rm 4720
Madison, WI 53706
(608) 265-9173 / (608) 265-4014 fax / mmskemp@wisc.edu

Dixon, Betty

From: Dixon, Betty
Sent: Tuesday, December 27, 2005 4:02 PM
To: 'Marty Skemp'
Subject: RE: 051813

Marty,

It is unclear how long of an extension period is needed. Who will monitor the three sites that receive the \$10,000? Will each site hold their own conference?

The original budget was approved for \$112,880. If your cumulative expenditures for the period ending 11/30/05 were \$44,577, that would leave a balance of \$68,303 for use during your extension period. The indirect costs listed on your extension budget are overstated. The correct indirect costs for this budget should be \$5,637.

If we approve your extension budget for \$68,265, that would leave \$38 in unspent funds at the end of the grant. Please let me know if you would like to revise your extension budget to include the \$38?

Please call me tomorrow to discuss the issues. I can be reached at 609-627-7695.

Thanks

Betty

From: Marty Skemp [mailto:mmskemp@wisc.edu]
Sent: Thursday, December 22, 2005 11:28 AM
To: Dixon, Betty
Subject: RE: 051813

thank you!

At 11:18 AM 12/22/2005 -0500, you wrote:

Marty,

I have not reviewed it as yet. I will get back to you on Tuesday.

Thanks,

Betty

From: Marty Skemp [mailto:mmskemp@wisc.edu]
Sent: Thursday, December 22, 2005 11:22 AM
To: Dixon, Betty
Cc: Kounelias, Sophia
Subject: 051813

Importance: High

Hi Betty,

What is the status of the extension for 051813? I need to know before December 31st to assign staff salaries.

Thanks!

Marty

Marty (Mary) Skemp Brown, MBA

Associate Director

American Alliance of Cancer Pain Initiatives

University of Wisconsin-School of Medicine and Public Health

1300 University Ave, Rm 4720

Madison, WI 53706

(608) 265-9173 / (608) 265-4014 fax / mmskemp@wisc.edu

Dixon, Betty

From: Larkin, Michelle
Sent: Saturday, December 31, 2005 3:05 PM
To: Dixon, Betty; Gibson, Rosemary
Subject: RE: Grant 051813

Everything looks in order with this no cost extension. Thank you

Michelle

From: Dixon, Betty
Sent: Thursday, December 29, 2005 11:20 AM
To: Larkin, Michelle; Gibson, Rosemary
Subject: FW: Grant 051813
Importance: High

Good Morning,

I have reviewed the extension request submitted by this grantee and am okay with it provided that the subcontract end dates do not extend beyond November 30, 2006. Please advise.

Betty

From: Marty Skemp [mailto:mmskemp@wisc.edu]
Sent: Thursday, December 29, 2005 10:44 AM
To: Dixon, Betty
Subject: Grant 051813
Importance: High

Hi Betty,

I think I uncovered the problem. My computer crashed around the time I sent the budget revision to you and the changes I had made had not been saved. I have corrected everything including the budget and have attached the revised version. The extension request is until November 30, 2006 to allow for the payment of the three \$10,000 contracts to Initiatives. These contracts are made between the UW and the individual Initiatives and include a Memorandum of Understanding, budget, etc that we oversee. Please let me know if you have other questions.

Thanks Betty!

Marty

Marty (Mary) Skemp Brown, MBA
Associate Director
American Alliance of Cancer Pain Initiatives
University of Wisconsin-School of Medicine and Public Health
1300 University Ave, Rm 4720
Madison, WI 53706
(608) 265-9173 / (608) 265-4014 fax / mmskemp@wisc.edu

FINANCIAL REPORT
 The Robert Wood Johnson Foundation
 P O Box 2316
 Princeton, NJ 08543-2316
 Phone (609) 452-8701 Fax (609) 627-6416

| | | | |
|--|----------------------------------|--------------------|--------------|
| 051813 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement | Project Director : | June L. Dahl | 608-262-0978 |
| University of Wisconsin School of Medicine and Public Health | Financial Officer: | Robert Andersen | 608-262-2896 |
| Budget Period: 12/01/2005 to 11/30/2006 | Program Officer: | Michelle A. Larkin | |
| Project Period: 12/01/2004 to 11/30/2006 | Senior Officer: | Rosemary Gibson | |
| Budget for Period: 2 | Grants Administrator: | Betty A. Dixon | |
| | Communications Officer: | Paul Tarni | |
| | Grants Administrative Assistant: | Marybeth Tamayo | |

EXPENDITURES

| Item | Approved Budget Amount | Period 1 12/05-05/06 | Period 2 06/06-11/06 |
|-------------------------------------|---------------------------|-------------------------|-------------------------|
| PERSONNEL | | | |
| Principal Investigator | 6,720 | | |
| Grant Manager | 1,670 | | |
| Project Director | 16,533 | | |
| PERSONNEL TOTAL | 24,923 | | |
| OFFICE OPERATIONS | | | |
| Supplies | 2,014 | | |
| Printing | 1,000 | | |
| Postage | 500 | | |
| Travel | 4,191 | | |
| OFFICE OPERATIONS TOTAL | 7,705 | | |
| CONSULTANT/CONTRACTUAL | | | |
| CONSULTANT/CONTRACTUAL | 30,000 | | |
| CONSULTANT/CONTRACTUAL TOTAL | 30,000 | | |
| INDIRECT COSTS | | | |
| INDIRECT COSTS | 5,637 | | |
| INDIRECT COSTS TOTAL | 5,637 | | |
| Grand Total | 68,265 | | |



September 13, 2005

Robert Andersen
Assistant Director, Post-Award Services
University of Wisconsin-Madison Medical School
750 University Avenue
Madison, WI 53706-1490

Dear Mr. Andersen:

I am writing in reference to your Robert Wood Johnson Foundation grant. We have received your financial report for the grant identified below. Because of the amount of your cash balance, a payment will not be issued at this time.

I.D. 051813

Amount: \$112,880

Purpose: Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement

Project Dates: December 1, 2004 through November 30, 2005

Project Director: June L. Dahl, Ph.D., 608-262-0978 (jldahl@facstaff.wisc.edu)

In reviewing your recent financial report, we note that cumulative expenditures as of May 31, 2005, have been \$10,784. The Foundation has made payments to date totaling \$101,600, leaving you a cash balance as of May 31, 2005, of \$90,816. Enclosed is a financial reporting form for your use when reporting expenditures.

If you need further assistance, please contact me at 609-627-5844.

Sincerely,

A handwritten signature in black ink, appearing to read "SK".

Sophia Kounelias
Grants Administrator

SK : sk
Enclosure

cc: June L. Dahl, Ph.D.
Michelle A. Larkin, R.N., M.S.

The Robert Wood Johnson Foundation
 P O Box 2316
 Princeton, NJ 08543-2316
 Phone (609) 452-8701 Fax (609) 627-6416

051813
 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement
University of Wisconsin-Madison Medical School
Budget Period: 12/01/2004 to 11/30/2005
Project Period: 12/01/2004 to 11/30/2005

Budget for Period: 1

Project Director : June L. Dahl
Financial Officer: Robert Andersen
Program Officer: Michelle A. Larkin
Senior Officer: Rosemary Gibson
Grants Administrator: Sophia Kounelias
Grants Administrative Assistant: Rebecca E. Kamer
Communications Officer: Paul Tarini

608-262-0978
 608-262-2896

EXPENDITURES

| Item | Approved | Period 1 | Period 2 |
|-------------|----------------------|--------------------|--------------------|
| | Budget Amount | 12/04-05/05 | 06/05-11/05 |

PERSONNEL

| | | |
|------------------------|---------------|--------------|
| Principal Investigator | 17,787 | 2,906 |
| Grant Manager | 6,630 | 1,625 |
| Project Director | 39,384 | 5,363 |
| Category Total | 63,801 | 9,894 |

OFFICE OPERATIONS

| | | |
|-----------------------|--------------|---|
| Supplies | 507 | 0 |
| Printing | 1,000 | 0 |
| Postage | 500 | 0 |
| Telephone | 3,252 | 0 |
| Travel | 4,500 | 0 |
| Category Total | 9,759 | |

| | | |
|-------------------------------|---------------|----------|
| CONSULTANT/CONTRACTUAL | 30,000 | 0 |
| Category Total | 30,000 | |

| | | |
|-----------------------|--------------|------------|
| INDIRECT COSTS | 9,320 | 890 |
| Category Total | 9,320 | 890 |

| | | |
|--------------------|----------------|---------------|
| Grand Total | 112,880 | 10,784 |
|--------------------|----------------|---------------|



RECEIVED by:

AUG 30 2005

University of Wisconsin-Madison
Graduate School, Research and Sponsored Programs

August 26, 2005

Sophia Kounelias
Financial Analyst
The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, NJ 08543-2316

In reply, please refer to
UW Acct No. 133-GU91

RE: Grant # 051813

Dear Ms. Kounelias:

Enclosed is the semi-annual financial report on the above-referenced grant for Year 1 period December 1, 2004 through May 31, 2005, under the direction of June L. Dahl in the Department of Pharmacology, at the University of Wisconsin-Madison.

Thank you for your support of this project. If you have any questions regarding this report, please contact me at (608)262-6951.

Sincerely,

Amy L. Wilson

Amy L. Wilson
Accountant

Enclosure

Cc: Dahl, June L. - Pharmacology
Skemp, Marty - Pharmacology
Med School Fiscal Svc
File

FINANCIAL REPORT**The Robert Wood Johnson Foundation**

P.O. Box 2316

Princeton, NJ 08543-2316

Phone: (609) 452-8701 Fax: (609) 452-9564

UW Account #133-GU91

Project Director: June L. Dahl (608-262-0978)
 Fiscal Officer: Robert C. Andresen (608-262-2896)

Payee: University of Wisconsin-Madison School
 ID Number: 051813
 Budget Period: Dec-01-2004 to Nov-30-2005
 Project Period: Dec-01-2004 to Nov-30-2005

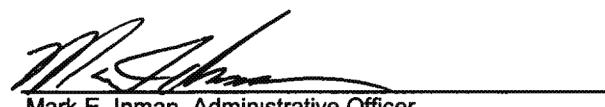
Budget for Year: 1

Revised:

EXPENDITURES

| Item | Approved Budget Amount | Period 1 12/04-05/05 | Period 2 06/05-11/05 | Total | Variance |
|--------------------------|------------------------|-------------------------|-------------------------|------------------|-------------------|
| PERSONNEL | | | | | |
| Principal Investigator | 17,787.00 | 2,906.32 | | 2,906.32 | 14,880.68 |
| Grant Manager | 6,630.00 | 1,624.86 | | 1,624.86 | 5,005.14 |
| Project Director | 39,384.00 | 5,362.76 | | 5,362.76 | 34,021.24 |
| Personnel Subtotal | 63,801.00 | 9,893.94 | - | 9,893.94 | 53,907.06 |
| OFFICE OPERATIONS | | | | | |
| Supplies | 507.00 | - | | - | 507.00 |
| Printing | 1,000.00 | - | | - | 1,000.00 |
| Postage | 500.00 | - | | - | 500.00 |
| Telephone | 3,252.00 | - | | | 3,252.00 |
| Travel | 4,500.00 | - | | | 4,500.00 |
| Office Ops Subtotal | 9,759.00 | - | - | | 9,759.00 |
| CONSULTANT/CONTRACTUAL | 30,000.00 | - | | | 30,000.00 |
| INDIRECT COSTS | 9,320.00 | 890.44 | | 890.44 | 8,429.56 |
| Grand Total | 112,880.00 | 10,784.38 | - | 10,784.38 | 102,095.62 |

JK
9/12/05



Mark E. Inman, Administrative Officer

The Robert Wood Johnson Foundation
 P O Box 2316
 Princeton, NJ 08543-2316
 Phone (609) 452-8701 Fax (609) 627-6416

051813
 Improving pain management policies through the collaboration of clinicians, regulators, and law enforcement
University of Wisconsin-Madison Medical School
Budget Period: 12/01/2004 to 11/30/2005
Project Period: 12/01/2004 to 11/30/2005

Budget for Period: 1

| | | |
|---|-------------------|--------------|
| Project Director : | June L Dahl | 608-262-0978 |
| Financial Officer: | Robert Andersen | 608-262-2896 |
| Program Officer: | Michelle A Larkin | |
| Senior Officer: | Rosemary Gibson | |
| Grants Administrator: | Sophia Kounelias | |
| Grants Administrative Assistant: | Rebecca E Kamer | |
| Communications Officer: | Paul Tarini | |

EXPENDITURES

| Item | Approved | Period 1 | Period 2 | Total | Variance | Pct |
|-------------------------------|----------------|---------------|-------------|---------------|-----------------|------------|
| | Budget Amount | 12/04-05/05 | 06/05-11/05 | | | |
| PERSONNEL | | | | | | |
| Principal Investigator | 17,787 | 2,906 | | 2,906 | 14,881 | 16 |
| Grant Manager | 6,630 | 1,625 | | 1,625 | 5,005 | 25 |
| Project Director | 39,384 | 5,363 | | 5,363 | 34,021 | 14 |
| Category Total | 63,801 | 9,894 | | 9,894 | 53,907 | 16 |
| OFFICE OPERATIONS | | | | | | |
| Supplies | 507 | 0 | | 0 | 507 | 0 |
| Printing | 1,000 | 0 | | 0 | 1,000 | 0 |
| Postage | 500 | 0 | | 0 | 500 | 0 |
| Telephone | 3,252 | 0 | | 0 | 3,252 | 0 |
| Travel | 4,500 | 0 | | 0 | 4,500 | 0 |
| Category Total | 9,759 | | | 0 | 9,759 | 0 |
| CONSULTANT/CONTRACTUAL | | | | | | |
| | 30,000 | 0 | | 0 | 30,000 | 0 |
| Category Total | 30,000 | | | 0 | 30,000 | 0 |
| INDIRECT COSTS | | | | | | |
| | 9,320 | 890 | | 890 | 8,430 | 10 |
| Category Total | 9,320 | 890 | | 890 | 8,430 | 10 |
| Grand Total | 112,880 | 10,784 | | 10,784 | 102,096 | 10 |